

# River Vale Basketball Association, Inc.

658 Caruso Lane, River Vale, NJ, 07675

201-664-1721

## REGISTRATION FORM – Boys only - Grades 3 thru 8

(Please complete one registration form per child - Please PRINT all information)



Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Email address: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

**1 Boy - \$65**

**2 Boys - \$110 (same family)**

**3 or more boys - \$140 (same family)**

*\*Any registrations received after November 1<sup>st</sup> must also include an additional \$25 per child late fee to be eligible.*

Check amount: \_\_\_\_\_ Check number: \_\_\_\_\_

Please make check payable to : **RVBA**

Mail to: 658 Caruso Lane, River Vale, NJ, 07675

Would you be interested in being: \_\_\_\_\_ Head Coach \*

\_\_\_\_\_ Assistant Coach \*

\_\_\_\_\_ Helping out when you can \*

\* The Township mandates that you are Rutgers certified to participate in the program.

\* The Township mandates that you must be fingerprinted and have passed a background check to participate in the program.

Would you be interested in sponsoring a team? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so please complete the RVBA Sponsorship Form and Thank You for your support!

**Emergency Information**

Emergency contact: _____
Emergency phone number: _____ - _____ - _____
Parent's cell number: _____ - _____ - _____
Special medical information: _____

**PLEASE NOTE**

Participation in the RVBA program is limited to those children interested in playing basketball. Involvement in any other sport that may hinder participation in RVBA, to the detriment of the remaining players on the team may result in the expulsion by vote of the Board of Directors. If a parent is aware of a possible conflict, he or she should notify the Board of Directors at the time of registration in order to resolve such a potential conflict.

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I, the parent and/or legal guardian of the above named registrant, a minor, do hereby give my permission for said registrant to participate in any and all basketball related activities and both I, on my behalf and on behalf of the registrant, agree to abide by the rules of River Vale Basketball Association, Inc. I recognize that basketball is a physically demanding sport and I certify that the registrant is in good, sound physical condition, free from illness, injury, or disability, which would endanger their health or render it difficult or impractical for such child to participate in such an activity. I recognize that basketball is a contact sport and that there is a possibility of physical injury associated with basketball and in consideration for the aforementioned Association accepting the registrant in its program, I do hereby release, discharge, absolve, indemnify and agree to hold harmless River Vale Basketball Association, Inc., its organizers, sponsors, supervisors, officers, coaches, coaching staff, and employees, associated personnel, including without limitation the owners of courts and/or facilities utilized for the program, participants and persons transporting such registrant to, from or during such activities from any and all manner of claim arising out of injuries or otherwise to registrant whether as a result of negligence or for any other cause.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

The undersigned as parent or legal guardian does hereby give his/her consent for emergency medical care prescribed by a duly licensed physician or dentist in the event such emergency medical care is required for the health, safety or welfare of the registrant due to illness or injury at a time the parent or legal guardian in not available.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date