

**LONG HILL RECREATION
TRAVEL BASKETBALL
2014 - 2015 REGISTRATION FORM**

Name _____ Grade _____ COACH _____

Address _____

Home Phone _____ Email _____

Mother/Guardian Name _____ Cell # _____

Father/Guardian Name _____ Cell # _____

Alt. Emerg. Contact _____ Phone _____

Allergies, Illnesses, Physical
Limitations: _____

Epi-Pen Req'd? YES NO (circle one)

I hereby give permission for my child _____ to participate in this program sponsored by the Long Hill Township Recreation Dept. I understand that by signing this waiver I agree not to hold Long Hill Township, their employees and advisors, the Recreation Dept. staff and volunteer coaches responsible for any accidents, injury, damage or loss incurred in this activity or any part of the program. I understand that there are no refunds unless the program is canceled.

PARENT SIGNATURE: _____ DATE: _____

FEE: \$ 200.00 (+ jersey)

Make check payable to: Long Hill Township

Mail to: Long Hill Recreation Department @ 915 Valley Rd. Gillette, NJ 07933

YOUTH SPORT CODE OF CONDUCT

(posted on website: www.longhillnj.gov under Parks and Recreation, Travel Basketball)

I have read and agree with the Long Hill Recreation Youth Sport Code of Conduct. I also agree to abide by all league rules.

PARENT SIGNATURE: _____ DATE: _____

For more information contact the Recreation Department at 908-647-8000 ext. 219