



Youth Basketball Application 2019 Grades 3-8

For Essex Fells Residents ONLY

Basketball Youth Teams

7th & 8th grade girls, 7th & 8th grade boys,
5th & 6th grade girls, 5th & 6th grade boys,
3rd & 4th grade girls, 3rd & 4th grade boys

Anticipated practices may begin the week of November 25, 2019.
All planned times subject to change based on gym availability/coach's schedules.

Cost- \$125.00each (All Fees Non-Refundable)

Registration deadline is November 1, 2019

Applications received after this date are subject to a \$30.00 late fee per family.

No applications will be processed after this date. Applications are placed on a waiting list for possible placement, with no guarantee that the applicant will be assigned to a level.

(Children not able to be placed will receive a refund.)

Please complete the form below and return to the following address with payment:

Essex Fells Recreation Department, Attn. Lauren Lombardy, 255 Roseland Ave., Essex Fells, NJ 07021

For information email **Lauren Lombardy @ LLombardy1@gmail.com or recreation@essexfellsboro.com**

Please fill out all the information asked for. Do not list more than 2 children on each form.

Child Name _____ Current Grade ____ Gender: M F

Shirt Size- (Circle One) YS YM YL AS AM AL

Short Size- (Circle One) YS YM YL AS AM AL

Child Name _____ Current Grade ____ Gender: M F

Shirt Size- (Circle One) YS YM YL AS AM AL

Short Size- (Circle One) YS YM YL AS AM AL

Parent/Guardian Name: _____

Home Address: _____

Home Phone _____ Cell Phone _____

Email-mandatory-(print legibly) _____

Parents interested in being a coach: **head coach**. _____ **assistant coach** _____

Health Conditions- _____

Emergency contact- _____

I/we, the parents of the above do hereby give approval to my/our child's participation in any and all league/clinic activities during the current season. I/we will assume all responsibility for my/our child's transportation to and from games and practices. I/we agree to abide by all rules and regulations set down by the Essex Fells Recreation Department. I do hereby assume all risks of competition and participation therein, and on behalf of myself, my heirs, and personal representatives do hereby hold harmless, and waive all rights and action I may have, against the Borough of Essex Fells, Essex Fells Recreation Dept., and all other persons involved in the organization, for any injury, loss or damages my/our child may suffer as a result of participation in basketball. Please note any health condition(s) my son/daughter may have which the Recreation Department should be aware.

Parent(s) Signature- _____ Date _____

OFFICE USE ONLY: Check #- _____ Date received- _____

