

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 1st 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 as well as have completed the concussion certification.

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 is not available.

Signature of Parent or Legal Guardian

Date