



Recreation Commission
349 Mountain Lake Road
Great Meadows, NJ 07838
Telephone: 908.637.4579, Ext. 26
Fax: 908.637.6916
Email: LTRCnj@gmail.com

LIBERTY TOWNSHIP BASKETBALL REGISTRATION

Child's Name: _____ Sex: M ___ F ___

Address: _____ Birthdate: _____

Age _____ Grade _____

Known Allergies/Medications _____ Child Posses an Inhaler: Yes No

Chronic Illness _____ Transport to Hospital: Yes No

Doctor's Name: _____ Phone #: _____

Parent/Guardian Name: _____ Email: _____

Phone (Home): _____ Phone (Cell): _____

Emergency Contact Name: _____ Phone #: _____

Has your child played this sport on a travel team within the last 12 months: Yes No

Registration fees: Kindergarten \$25 (shirt included) All Others \$65.00 Shirt \$10 Yes No

Uniforms: Circle shirt size for child Youth: S - M - L Adult: S - M - L

Parent's Notes (Please rad before signing below)

1. I understand that there are certain risks of injury inherent in participation of this sport to my child and I am willing to assume these risks. I hereby waive, release and hold harmless the organizers, Liberty Township, coaches, referees and all volunteers for any injury that may be suffered by my child in the normal participation of this activity and activities incidental thereto. The LTRC advised the participants in these activities to wear the protective equipment, some of which is supplied. The LTRC also advises that the parents for a child who wears glasses consider the purchase of protective eye wear.
2. I will be responsible for transportation of my child to and from games and practices.
3. The LTRC has advised me that children should not get dropped off as spectators without adult supervision.
4. I have received and will abide by the Parent's Code of Ethics.
5. I agree to abide by the rules of all leagues that the LTRC participates in and that all decisions by the League Boards are final and binding.
6. I understand that the registration fees paid will be used for LTRC activities.
7. Any questions for this program can be addressed to LTRCnj@gmail.com

Signature: _____ Date: _____

PLEASE CIRCLE AREAS WHERE YOU CAN ASSIST OUR PROGRAM

COACH ASSISTANT COACH TEAM PARENT REFEREE COURT SET-UP 2016