



BOYS & GIRLS

TRI-TOWN RECREATION BASKETBALL LEAGUE

**Youth basketball league for 3rd to 6th grade boys and girls in
Mountain Lakes, Boonton Township and Boonton.
League will be held on Saturdays from Dec 5th – Feb 13th**

3rd gr. Boys 12:30-1:30, 3rd gr. Girls 9-10:00,
4th gr. Boys 1:30-3:00, 4th gr. Girls 10-11:30,
5th gr. Boys 9:30-11, 5th gr. Girls 11-12:30,
6th gr. Boys 10:30-12, 6th gr. Girls 8-9:30
(all times subject to change)

Registration Information:
\$50/person prior to Dec. 5th - \$65/person Dec 5th or later
 Make checks payable to: Boonton Township Recreation
 Mail to:
 Boonton Parks and Recreation, 100 Washington St, Boonton, NJ 07005

For questions contact: Kristin Groeneveld - Boonton Township 973-402-4002
 Rosemarie Lynch- Boonton 973-263-2110
 Celia Flynn – Mountain Lakes 973-334-3131

Name _____ Male / Female
 Street Address _____
 _____ (Circle One) Boonton Boonton Township Mountain Lakes
 Grade _____ Birth Date _____ *E-mail address _____
 Phone# _____ Cell# _____
 Emergency Contact-Name _____ Phone# _____
 Shirt Size (circle one): Youth S, Youth M, Youth L, Adult S, Adult M, Adult L, Adult XL

******Volunteer Coaches are needed******

Name _____ Grade to Coach: _____ Phone # _____

Medical Considerations: (use back of form as needed)

Is your child restricted from playing basketball in any way? No Yes -Explain
 In the last 12 months has your child had any serious injury or illness? No Yes -Explain
 Is your child allergic to any foods or medications? No Yes -Explain

I, the parent/guardian of the above named player, hereby give my approval for his/her participation in all Tri-Town Recreational Basketball League activities and assume all risks and hazards incidental to such participation, including medical treatment and hereby agree to waive, release, indemnify and to hold harmless the towns of Boonton, Boonton Township and Mountain Lakes, the Boonton, Boonton Township and Mountain Lakes Recreation Committee members, League coaches, participating schools and employees and other participants from liability, damage or claim, whether the result of negligence or other cause which may occur in the course of, prior to the start of, or after the facilitation of the above program.

Parent/Guardian Signature: _____ Date _____

*** ALL CONFIRMATIONS WILL BE SENT VIA EMAIL ***