

**Upper Saddle River Basketball Association, Inc.
2009 Recreation Basketball Registration**

PLEASE DO NOT USE THIS FORM FOR TRAVEL REGISTRATION

Grades 2-8

Present Grade: _____ Age: _____ Date of Birth: _____ Phone: _____

Child's Name _____ M _____ F _____ Cell Phone: _____
Address: _____ Upper Saddle River, NJ 07458

Parent's email address _____

Sponsors (\$250 per team):

Sponsor Name _____ Contact (name & #) _____
Grade _____ Boys / Girls (circle one) _____

Please indicate any activities that may conflict with Basketball (ie: soccer, hockey etc...) _____

Please list any physical or mental limitations (allergies, hearing, sight, etc.): _____

I would be interested in assisting in the following capacity, (Check one or more):

COACH _____ ASSISTANT COACH _____

Name: _____ Email Address: _____

***It Is Mandatory That All Coaches And Assistant Coaches Be Certified!!
All Coaches and Referees must complete a Disclosure Statement!***

PARENTAL WAIVER AND CONSENT: *MUST BE SIGNED*

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate in any and all activities sponsored and conducted by the Upper Saddle River Basketball Association, Inc. I understand that there are certain risks of injury inherent in the practice and play of the sport of basketball, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the sport of basketball and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in basketball and related league activities, except as listed above.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the Upper Saddle River Basketball Association, Inc., its officers, directors, coaches, sponsors, supervisors, team helpers, and representatives for any injury that may be suffered by my child in the normal course of participation in basketball activities and the activities incidental thereto, whether the result of negligence or any other cause.

I have read and agree to the parental waiver.

Parent/Guardian

Name: _____ Relation: _____

Signature _____ Date: _____

REGISTRATION FEE: \$125.00 – for the first child \$100.00 for each additional child (**grades 2-8 only**)

SIGNUP AT USR BORO HALL: SATURDAY, OCTOBER 17, AND SATURDAY, OCTOBER 24

HOURS: 9:00 A.M. to 12:00 NOON

**INCLUDE: Completed CODE OF CONDUCT STATEMENT Required for grades 4-8,
AND CHECK PAYABLE TO: "USR BASKETBALL ASSOCIATION, INC."**

OR REGISTER BY MAIL BY SENDING COMPLETED REGISTRATION FORM AND CODE OF CONDUCT,
TO: **USR Basketball Association c/o Pat Moran, 23 Sleepy Hollow Rd, USR 07458**

PLEASE NOTE: **THE FINAL DATE FOR SUBMISSION OF REGISTRATION FORMS BY MAIL IS
NOVEMBER 6, 2008**

**UNDER NO CIRCUMSTANCES
WILL ANY REGISTRATION FORMS BE ACCEPTED AFTER THE ABOVE DATE**

Registrar Use Only

CASH _____ CHECK# _____ TOTAL AMOUNT PAID: _____

Download all forms at www.usrbasketball.com