

# Bernardsville Recreation Basketball 2020

## K & 1<sup>st</sup> Grade Boys and Girls



Drills-Skills & Thrills Basketball will be teaching boys and girls in K and 1<sup>st</sup> grade basketball in a fun and safe setting. Players will be taught fundamental skills through both drill work and supervised and controlled scrimmages. The goal of the program is to promote sportsmanship and leave each player looking forward to their next basketball experience.

**Grade:** K-1<sup>st</sup>

**When:** Saturdays- 1/4, 1/11, 1/18, 1/25, 2/1, 2/8 & 2/22

**Time:** 9:00am- 10:00am

**Location:** Bedwell Elementary School

**Fee:** \$90.00 Bernardsville Residents/ \$110.00 Non- Residents

<https://register.communitypass.net/Bernardsville>

All requests for refunds must be submitted in writing to Bernardsville Recreation seven (7) business days prior to the start of the program or trip. Programs refunds are \$15.00 or 15% of the program fee (whichever is greater)\*PLEASE COMPLETE BOTH SIDES OF FORM - ALL FIELDS ARE MANDATORY\*

(You may also register on line at: <https://register.communitypass.net/Bernardsville>)

Participant's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Street: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_ Grade: \_\_\_ Uniform Size: YS YM YL AS  
AM AL

**Any parent that would like to coach, please complete the following: All coaches must be Rutgers  
Certified:**

Coach Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

I voluntarily agree to participate in the described activity conducted or sponsored by the Bernardsville Recreation Department. I understand that this activity involves a risk of injury and I hereby assume the risk of injury, disability or damages which may occur while I am participating in this activity. To the extent permitted by law, I release and discharge the Borough of Bernardsville and it's officials, officers, employees and agents from any liability claims or damages arising out of my participation in this activity. I give permission to the Borough to obtain emergency medical treatment for my child and I understand that I will be responsible for all costs of such treatment. Finally, I release the Borough from any claim whatsoever on account of first aid and other medical treatment rendered to me. Following is my medical insurance information:

Insurance Company: \_\_\_\_\_ ID #: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

# **EMERGENCY MEDICAL INFORMATION**

**PLEASE COMPLETE BOTH SIDES OF THIS FORM - ALL FIELDS ARE MANDATORY**

Name of Participant: \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician's #: \_\_\_\_\_

Allergies (include allergies to medications and Insects):  
\_\_\_\_\_

Physical Disorders: \_\_\_\_\_

If participant is currently taking medications, please list: \_\_\_\_\_

List any limits to participant's physical activity: \_\_\_\_\_

## **EMERGENCY TREATMENT PERMISSION:**

Dear Parents:

Most doctors and hospitals need written permission from parents in order to give treatment to a child. We will attempt to contact you if any type of medical attention is needed. However, in the event treatment is necessary and we are unable to contact you, your signature below will authorize the doctor to give treatment. Please supply a health certificate if your child is participating in any physical activity.

### **TO ANY DOCTOR OR HOSPITAL:**

Authorization is given to perform any necessary emergency treatment on my child, whose medical history is listed above.

\_\_\_\_\_  
**Signature of Parent** \_\_\_\_\_  
**Date**

If you have any concerns regarding activities for your child, OR your child has any disability in accordance with the ADA, please notify Recreation within six weeks prior to the program to ensure responsible accommodations.

Yes, I will contact Recreation \_\_\_\_\_

No, I do not have concerns \_\_\_\_\_