



# TENAFLY RECREATION HIGH SCHOOL BASKETBALL LEAGUE

Open to all Tenafly High School students in grades 9 – 12.

Join your friends and play in our Tenafly Recreation High School Basketball League. This is a fun, recreational league. Individuals are encouraged to register early, as there will be a "team draft" held prior to the beginning of the season. Teams are run by player/coaches, not parents.

**Games** will be held twice per week on Mondays and Wednesdays in the evenings. The league will begin play in early January 2017. All teams will play approximately 12 games with a playoff round to crown a league champion at the conclusion of the season.

**Coaches/Team Supervisor required:** All teams must have an adult at least 18 years of age on-site for every game. Player/Coach Preferred. Players, please note there may not be spectator areas for fans.

**The League Fee** is \$85.00 per participant which includes team t-shirts, referees, championship awards and league scorekeepers. Please make checks payable to: Tenafly Recreation, 100 Riveredge Road, Tenafly, NJ 07670.

**REGISTRATION DEADLINE: 4:30 P.M. MONDAY, DECEMBER 5, 2016**

## HIGH SCHOOL BASKETBALL LEAGUE - REGISTRATION FORM

**SHIRT SIZE** \_\_\_\_\_

PARTICIPANT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (CELL) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

SPECIAL MEDICAL INFORMATION: \_\_\_\_\_

I the undersigned parent/guardian of the above named applicant do hereby give my permission for him/her to participate in this specific Tenafly Recreation Board activity.

I do assume all risk and hazards incidental to this trip, activity and transportation and do further hereby release, absolve and hold harmless the Borough of Tenafly, Tenafly Recreation Board, its agents, instructors and coaches.

I do further understand that the Borough of Tenafly or the Tenafly Recreation Board does **not** provide Accident Insurance for this activity.

I hereby fully consent to emergency medical care to be rendered by competent medical physicians in the event that the above named child should require such attention during this activity.

**I understand that I being the parent or legal guardian will exhibit respectful behavior towards players, coaches, referees and Umpires. If any of my actions are inappropriate, I understand that I will be asked to leave the facility. In addition I have read and signed the code of conduct.**

PARENTS NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

CHECK # \_\_\_\_\_ FEE \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_ DATE \_\_\_\_\_

**Registration form will not be accepted without signed Code of Conduct – on back →**