Wall Recreation Presents: 732-449-8444, x 251/www.wallnj.com

WALL RECREATION BASKETBALL 2011-12

WALL TOWNSHIP RESIDENTS ONLY!

ELIGIBILITY: Boys and Girls in grades **3—9**

DIVISIONS: Grades 3/4 Grades 5/6 Grades 7/8/9

PRACTICES: Begin the week of October 31

GAMES: Begin December 3

DEADLINE: September 23 or when teams are full, whichever comes first.

COST: $70 / 1st Child $60 / each additional child

***Early Bird Special* $10 off "total" price if registration is received before Sep 19**

Mail to: Wall Recreation—2700 Allaire Rd.—Wall, NJ 07719

TEAMS WILL BE RANDOMLY ASSIGNED—NO EXCEPTIONS!

SEE REVERSE FOR COACH / SPONSOR REGISTRATION FORM

****

NAME_____/_____MALE___FEMALE___
Last First

ADDRESS_____HEIGHT____'____"GRADE_____

PHONE #_____EMERGENCY #_____

E-MAILL ADDRESS (**must provide**)_____

5/6 and 7-9 DIVISION ONLY—RATE YOUR PLAYER!
On a scale of 1—5 with 1 being the lowest skill and 5 being the highest skill, please rate your child to the best of your knowledge. Please be honest and accurate. 1__2__3__4__5__

Does your child, or has your child ever played travel / school basketball? Yes____No____

Disciplinary action will be taken against any parent/coach who misrepresents.

****I hereby certify that I have read & signed the Parent Code of Conduct (separate form)****
Failure to sign this form may result in my child's eligibility to participate. I also certify that the above mentioned child is physically capable to participate in the Wall Recreation Basketball program.

Signature of Parent/Guardian (**must sign**)_____

Date Paid_____Check #_____Amount_____Cash____Amount_____

WALL RECREATION NEEDS YOUR HELP!!

To avoid turning any child away, we need your help. The success of our program depends on the willingness of our parents to volunteer as coaches and sponsors. If you can help, please check here & fill out the **REVERSE** side of this form no later than Sep 30 and mail to Wall Recreation. **I WILL COACH &/OR SPONSOR A TEAM____**