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

WALL RECREATION BASKETBALL

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 November 2, 2009**

GAMES: **Begin December 5, 2009**

DEADLINE: **October 1st or when teams are full, whichever comes first.**

COST: **$65 / 1st Child** **$55 / each additional child**

Early Bird Special $10 off above price if registration is received before Sep 30th

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

TEAMS WILL BE RANDOMLY ASSIGNED—NO EXCEPTIONS!

SEE REVERSE FOR COACH / SPONSOR REGISTRATION FORM

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NAME_____/_____**MALE**___**FEMALE**___
Last First

ADDRESS_____**HEIGHT**____'____"**GRADE**_____

PHONE #_____**EMERGENCY #**_____

E-MAILL ADDRESS (must provide)_____

SCHOOL AREA: **ALLENWOOD**___ **CENTRAL**___ **OLD MILL**___ **W BELMAR**___

Which ONE day of the week can your child NOT practice? (if more than 1 day, choose the most important)_____

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

Teams are limited to 2 travel/school players per team.

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____