

YOU MAY WRITE ONE CHECK PER FAMILY – PAYABLE TO MIDDLESEX REC. DEPT.

MAIL IN OR DROP OFF REGISTRATION FORM AT RECREATION OFFICE
1200 MOUNTAIN AVENUE, MIDDLESX, NJ 08846 (732) 356-7966

**** PLEASE CHECK APPROPRIATE ACTIVITY! ****

BASKETBALL (Grades 3-8 - \$25)

Teams are divided by gender and are split into the following divisions: 3rd&4th grade, 5th&6th grade and 7th&8th grade. All games are held on Saturday's with the exception of 7th&8th grade boys. Their games are held on Thursday evenings. All practices are once per week at the coach's discretion. Middlesex residents only.



WRESTLING (Grades K-6 - \$20)

Practices are held on Monday's, Wednesday's and Thursday's in the High School Wrestling Room. Meets are weekdays and/or weekends. Some tournaments may have an additional registration fee. Middlesex and Dunellen residents are eligible.



DO NOT WRITE IN BOX (for office use only)
\$25 Reg. Fee Pd. _____ \$20 Reg Fee Pd. _____
Receipt # _____ \$10 Late Fee Pd _____
Date Rcv'd _____

DEADLINE TO REGISTER IS OCTOBER 31, 2008

No late registrations will be accepted. A waitlist will be started after the deadline.

FILL OUT ONE FORM PER ACTIVITY, PER CHILD

NO REFUNDS AFTER NOV. 28, 2008 FOR BASKETBALL AND DEC. 18, 2008 FOR WRESTLING

NAME (print CLEARLY) _____ GRADE _____ BOY _____ GIRL _____

ADDRESS _____ HOME TELEPHONE () _____ - _____

BIRTHDATE ____/____/____ SCHOOL _____ WEIGHT (wrestling only) _____ lbs.

____ I WOULD BE INTERESTED IN VOLUNTEERING THIS YEAR. Name _____

If yes - daytime phone number to reach you () _____ - _____

EMERGENCY TREATMENT RELEASE

Dates during which release is granted – FROM: November 1, 2008 TO March 31, 2009

TO WHOM IT MAY CONCERN: As a parent and/or guardian of _____, a minor, I herewith authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Parent (s)/Guardian Info:

Mothers Name _____ address (if different than above) _____ Ph # _____ Cell # _____

Fathers Name _____ address (if different than above) _____ Ph # _____ Cell # _____

Mother's e-mail _____ Father's e-mail _____

Other contact in case of emergency (DO NOT USE YOURSELF): Name _____

Phone _____ H / W / C Relationship to child _____ Hospital Preference _____

Specific medical allergies, chronic illness or other medical conditions the staff should be aware of: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I confirm that my child is up to date on all immunizations as required by the NJ Dept. of Health and Senior Services Annual Immunizations Report. I also agree that all the information provided is correct and factual. If information is found to be false, I understand that my child will be expelled from the program without reimbursement of fees paid. I also have received the spectator guidelines.

Parent/Guardian Signature _____ **Date:** _____