

# BYRNE COMMUNITY CENTER

## CITY OF WILDWOOD

401 W. YOUNG AVE.

WILDWOOD, NJ 08260

PHONE: (609) 522 – 5837

---

---

# Half-Pint Basketball League Registration Form

League will begin on Saturday, January 3<sup>rd</sup>

(Games will be every Saturday at 10:30am, 11:30am and/or 12:30pm)

ABSOLUTELY NO REQUESTS!!!	<b>HALF PINT LEAGUE</b>	ABSOLUTELY NO REQUESTS!!!
TEAMS WILL BE RANDOMLY SELECTED!!	<b>(GRADES K – 2)</b>	TEAMS WILL BE RANDOMLY SELECTED!!
	<b>PARTICIPATION FEE \$25</b>	

---

---

(Fee is to be paid in cash or check at time of registration. Registration fees are non-refundable.  
This includes injuries, ejections, and/or unsatisfied.)

IN PERSON REGISTRATION ON SATURDAY, DECEMBER 13<sup>TH</sup> &  
SATURDAY, DECEMBER 20<sup>TH</sup>  
FROM 10:30AM – 12PM

PLEASE PRINT ALL OF THE FOLLOWING REQUIRED INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ ( ) - \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ GRADE IN: \_\_\_\_\_

PLAYER'S HEIGHT: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

( ) MALE ( ) FEMALE

Please be advised that I do release, indemnify and hold harmless the City of Wildwood, its officers, agents and/or employees against any loss, damage or liability, including attorney's fees and expenses incurred as a result of or arising out of the use of the Byrne Community Center and its surrounding areas located at 401 W. Young Ave., Wildwood, NJ 08260

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Deadline for registration is 12 /22/2014 : No exceptions!**



**EMERGENCY CALL INFORMATION (REQUIRED)**

SOMEONE OTHER THAN YOURSELF. In the Event of an emergency and I cannot be reached please call:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

**FOR OUR MEDICAL RECORDS (REQUIRED)**

DISABILITIES: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

OTHER NECESSARY INFO: \_\_\_\_\_

GLASSES, CONTACTS, BRACES ETC.: \_\_\_\_\_

NAME OF FAMILY HOSPITALIZATION PLAN: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT**

Parental Written Consent Is Given For:

- Emergency Medical Care
- Transportation by Ambulance in Case Of Emergency

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

***VERY IMPORTANT: T-SHIRT SIZE:*** \_\_\_\_\_

**OFFICIAL USE ONLY:**

**FEE PAID:** YES ( ) NO ( ) CASH ( ) CHECK ( )

**CHECK NO.:** \_\_\_\_\_

**STAFF INITIALS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_