

Roseland Recreation Booster – Hoop Club  
**2010 Summer Youth Travel Basketball**  
**West Essex Area Boys and Girls**  
**(REVISED – LOWER PRICING)**

Because the level of competition and time involved is great, Travel Basketball requires a big commitment from both the parent and child. There may be (2) practices and (2) games per week during the season. Parents may want to consider having their child only play either Travel Basketball or another sport not both. **If you are planning to miss more than one week during the season due to vacation time, it is imperative that you discuss this with the head coach at the time of the tryouts. The season will begin in mid- June and run through early August.**

**REGISTRATION IS DUE BEFORE THE FIRST TRYOUT.**  
**NO REFUNDS WILL BE GIVEN AFTER THE FIRST TRYOUT IF THE PLAYER SECURES A ROSTER SPOT.**

**Mail form to:** Roseland Recreation Booster Association, Inc., P.O. Box 466 Roseland, NJ 07068  
**Registration Deadline:** FRIDAY, MAY 7<sup>TH</sup> A COPY OF PLAYER'S BIRTH CERTIFICATE IS REQUIRED.  
**Call Roseland Recreation to see if a copy is on file. Fee is \$200.00 (if uniform needed) and \$150.00 (with '08 &/or '09 Spring, Summer, Winter and/or '10 Spring uniform only).**  
**Order replacement uniform items directly from Mike Shannon Sports – 201/572-4207.**  
**Make checks payable to: ROSELAND RECREATION BOOSTER ASSOCIATION, INC.**

**Try Outs:** **Noecker School New Gym (Tentative Site)**  
 Girls grade 3 and 4 – Date and Time TBD      Boys grade 3 and 4 – Date and Time TBD  
 Girls grade 5 and 6 – Date and Time TBD      Boys grade 5 and 6 – Date and Time TBD  
 Girls grade 7 and 8 – Date and Time TBD      Boys grade 7 and 8 – Date and Time TBD

**Any questions, please call Michael Colitti at 973/226-6552**

DETACH HERE

<b>ONE FORM PER PARTICIPANT</b>	<b><u>2010 SUMMER YOUTH TRAVEL BASKETBALL</u></b>	<b>(Do Not Write Below)</b>
<input type="checkbox"/> Birth Certificate on File		
<input type="checkbox"/> I need a full uniform. <u>Fee is \$200.00</u>	<b>CASH</b>	<b>CHECK</b>
<input type="checkbox"/> I already have a complete '08 &/or '09 Spring, Summer/'10 Winter, Spring uniform <u>Fee \$150.00</u>	<b>AMOUNT</b>	<b>DATE REC'D</b>
<b>NAME</b> _____	<b>/ADDRESS</b> _____	
	<b>STREET</b>	<b>PO BOX TOWN STATE ZIP</b>
<b>HOME PHONE</b> _____	<b>EMERGENCY PHONE</b> _____	<b>DATE OF BIRTH</b> _____
<b>AGE</b> ____ <b>GRADE</b> ____ <b>SEX</b> ____ <b>HEIGHT</b> ____	<b>Did your child play last year? Yes ____ No ____ League Last Year? ____</b>	
<b>E-Mail Address:</b> _____ <b>Does your child play another <u>summer sport</u>? Yes ____ No ____</b>		

Does your son/daughter have any health condition(s) the Roseland Recreation Booster Assoc., Inc. Staff should know about?  
 No \_\_\_\_ Yes \_\_\_\_

(Explain)

**THE ROSELAND RECREATION BOOSTER ASSOC., INC. RECOMMENDS THE DISCLOSURE OF RELEVANT HEALTH INFORMATION. UNLESS THE ROSELAND RECREATION BOOSTER, ASSOC., INC. IS NOTIFIED IN WRITING, COACHES AND STAFF WILL BE FORWARDED ALL INFORMATION ON THE REGISTRATION FORM, INCLUDING HEALTH CONDITIONS.**

Recognizing the possibility of physical injury associated with Basketball, and in consideration for the Roseland Recreation Boosters and its affiliates accepting the registrant for its Basketball Programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Roseland Recreation Boosters, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of any facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant the coaching staff permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

\_\_\_\_\_  
SIGNATURE (PARENT/GUARDIAN)

\_\_\_\_\_  
DATE

**PARENTAL ASSISTANCE: I am interested in:**

**COACHING** \_\_\_\_ **ROSELAND RECREATION BOOSTERS MEMBERSHIP** \_\_\_\_ **SPONSORSHIP** \_\_\_\_  
**NAME** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_ **BUSINESS PHONE** \_\_\_\_\_

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