

HASBROUCK HEIGHTS RECREATION DEPARTMENT
320 BOULEVARD
HASBROUCK HEIGHTS, NJ 07604

Robert Brady
Director of Recreation

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YOUTH BASKETBALL LEAGUE

- **FOR BOYS AND GIRLS GRADES 1ST-8TH**
- **1ST & 2ND GRADE WEEKLY CLINICS @ 24 HOUR FITNESS ROUTE 17 SOUTH HASBROUCK HEIGHTS**
- **3RD -8TH GRADES PLAY WEEKLY GAMES**
- **REFEREES AND SCOREKEEPERS AT ALL GAMES**
- **3RD 4TH GRADE GIRLS WILL PLAY ON 8' BASKETS**
- **PLAYERS FOULING OUT WILL BE ENFORCED**
- **TEAM FOULS ENFORCED**
- **PRACTICE & GAME SCHEDULES CANNOT BE DETERMINED UNTIL AFTER REGISTRATION**

The registration will be held on **THURSDAY evening October 4th and THURSDAY October 11th between the hours of 7 pm and 9 p.m.** at the recreation office in the municipal building at 320 Boulevard. The program is open to boys and girls in the 1ST through 8th grades. The children will be placed in their respective age groups and the boys and girls will be in separate leagues.

The cost of the league is \$45 and checks should be made payable to *The Hasbrouck Heights Recreation Department*. All children should be signed up by the registration date so they can be placed on a team as soon as possible. If you miss the registration and the program still has openings, you may register but there will be a \$15 late fee added to the registration.

This program is only open to permanent residents, which means they must live in Hasbrouck Heights year round. This permission form must be completely filled out (by an adult please) and signed by the parent. If you have any questions feel free to call me at the office 288-4143.

Sincerely,

Robert Brady
Director of Recreation



REGISTRATION FORM IS ON OTHER SIDE
H.H. REC. DEPT. IS NOT AFFILIATED WITH H.H. BD. OF ED.

2018-2019 YOUTH BASKETBALL REGISTRATION FORM

Circle the program you are registering for: **Boys** **Girls**

Name _____

Address _____

Phone # _____ Cell# _____

Family Email Address _____ (all info will be sent by email)

Age _____

Shirt Size (ym, yl, as, am, al, axl) _____ CIRCLE ONE

Birth Date ____/____/____

School _____ Grade _____

THIS MUST BE FILLED OUT

Would you like to be contacted to try out for the 5th-6th or 7th- 8th grade traveling teams tryouts? If your child makes the team an additional \$65.00 will be charged at the time of the team's first practice.

YES

NO

Did you play last year? _____ If so, who was your coach? _____

Would your mother or father like to coach a team? _____ If so Please list your name and contact number, you will be contacted about a training class and a background check that all coaches will have to complete.

I hereby give my child permission to play in the Recreation Basketball League. I also understand that I must report any injuries from the program within five days by phone and by certified mail and I also understand that it is a limited policy with a deductible. I hereby certify and affirm that my child is a permanent resident of Hasbrouck Heights, lives in Hasbrouck Heights all year round, and is in the 3rd through 8th grades. I also certify and affirm that the above information is true and correct and I realize any falsification is punishable by law NJS 2c:28-3

Parent's Signature: _____

_____ office use only _____