



Basketball Registration

If you want your child to participate, please fill out BOTH this form and the Medical Release form and mail it, along with a check for: \$60.00 payable to the West Long Branch Sports Association P.O. Box 239 West Long Branch, NJ 07764. (Maximum \$150 per family).
MUST BE POSTMARKED OR RECEIVED BY DECEMBER 4, 2009.

Late registration fee is \$75 (Maximum \$200 per family) for forms received or post marked after DECEMBER 4, 2009, and before teams are selected. Any late registrants after teams are selected will be placed on a waiting list for any openings, if available.

Program Director: Beth Garrigal (778-8001)

*League	Commissioner	Tele	*League	Commissioner	Tele
1 st & 2 nd Gr. Boys & Girls	Ray Rubman	229-7060			
3 rd & 4 th Grade Boys	Frank Ruscil	263-0415	3 rd & 4 th Grade Girls	Frank Ruscil	263-0415
5 th & 6 th Grade Boys	Rich Egan	870-2387	5 th & 6 th Grade Girls	Mike Altenau	222-3603
7 th & 8 th Grade Boys	Rich Egan	870-2387	7 th & 8 th Grade Girls	Mike Altenau	222-3603

WE ARE LOOKING FOR COACHES AT ALL AGE LEVELS

***PLEASE NOTE:** Leagues are based on the number of players/teams.
 Depending on registration, grade structure may change.
 1st/2nd Grade Girls and Boys play together on same team.

In an attempt to keep teams FAIR, teams may be picked by the WLB Sports Association.

Games and/or practices may conflict with other activities. The West Long Branch Sports Association cannot issue refunds or credits in the event that children choose to drop out.

PLEASE PRINT CLEARLY.

CHILD'S NAME _____ MALE ____, FEMALE ____, GRADE (as of 9/09) _____

ADDRESS _____

SCHOOL ATTENDING, _____ SHIRT SIZE _____ YS, YM, YL, AS, AM, AL, AXL
 (Shirt sizes run small)

PHONE NUMBER (Required) _____ E-MAIL: _____

PARENTS/GUARDIANS NAMES: _____

Interested in: ___ Coaching ___ Asst. Coach ___ Vol. NAME _____

**SPONSOR ____, SPONSOR NAME _____

WE ARE LOOKING FOR TEAM SPONSORS

** If you or someone you know is interested in sponsoring a team, please enclose an additional check for \$150 now, and indicate below what sponsor name should be printed on the shirts. All team shirts will have the sponsor name on them.

COMMENTS _____

(Please note any conflicts in the space above).

PLEASE BE AWARE OF POTENTIAL CONFLICTS WITH PRACTICES AND GAMES. PRACTICES ARE ON WEEKDAYS, GAMES ARE PLAYED ON SATURDAY.

ENTIRE REGISTRATION AND MEDICAL RELEASE FORM MUST BE FILLED OUT AND RETURNED.

West Long Branch Sports Association

MEDICAL RELEASE FORM

Player Name:	First	Last	
Address:			
Date of Birth:	Grade:	Gender: M / F	
Please print parent or legal guardian name	Name	Telephone #	

Emergency Contacts: (Not a parent)	Name	Phone #

* I certify that I am the parent or legal guardian of the player named above and give permission for him/her to participate in West Long Branch Basketball Program. I affirm that my child does not have any medical condition that may be aggravated by playing Basketball. I understand that there are risks playing any sports activity. In the event of an emergency requiring medical attention, I, the parent/legal guardian, understands that an attempt will be made to contact me or emergency contacts. If I or emergency contacts cannot be reached, I give permission for treatment by a hospital or licensed physician. Any charges associated to injuries are to be submitted by me to my Insurance Company as the primary policy.

PARENT / LEGAL GUARDIAN SIGNATURE: _____

FAMILY PHYSICIAN AND TELEPHONE #: _____

MEDICATIONS BEING TAKEN: _____

ALLERGIC TO: _____

MAJOR MEDICAL INSURANCE COMPANY: _____

POLICY NUMBER: _____