

**MILLSTONE/ROOSEVELT PARKS & RECREATION
REGISTRATION FORM**

470 Stage Coach Road, Millstone Township, N. J. 08510

Phone: 732-917-2954 Fax: 609-208-2903

Please indicate which program you are registering for:

<u>Program</u>	<u>Fee</u>	<u>Program</u>	<u>Fee</u>
<input type="checkbox"/> Youth Basketball (Grades 2-10)	\$75.00	<input type="checkbox"/> Men's Basketball (Age 18 +)	\$40.00
<input type="checkbox"/> Speed & Agility (Grades 1-8)	\$150.00	<input type="checkbox"/> Adult Soccer (Age 18 +)	\$40.00
<input type="checkbox"/> Lacrosse (Grades 3-8)	\$75.00	<input type="checkbox"/> Girl's Field Hockey (Grades 2-8)	\$50.00
<input type="checkbox"/> Youth Soccer (Grades K-10)	\$50.00	<input type="checkbox"/> Spring Soccer "Instructional" (K-6)	\$50.00
<input type="checkbox"/> Women's Volleyball (Age 18+)	\$40.00	<input type="checkbox"/> Instructional Wrestling (Grades K-8)	\$50.00
<input type="checkbox"/> Men's Volleyball (Age 18+)	\$40.00	<input type="checkbox"/> Wrestling (Grades K-8) (winter)	\$65.00

****Make check payable to Millstone Township Recreation****

PLEASE PRINT:

Participant's Name _____ Male/Female _____ Grade _____

Street Address _____ City _____ Zip Code _____

Phone # _____ Cell # _____ Date of Birth _____ Height _____ Weight _____

Email Address: _____ Travel Player: Y or N Sport: _____

Parent's Names (If participant is a child) _____

Child Shirt Size - Circle One

Youth Med Large

EMERGENCY /Alternate Names & Phone Number _____

Adult S (34/36) M (38/40) L (42/44) XL (46/48)

VOLUNTEER INFORMATION:

I wish to volunteer to: Coach/Assistant (Circle one) Name _____ Phone # _____

Coach T-shirt Size (Circle one) A-XL (46/48) A-L (42/44) A-M (38/40)

Referee _____ Division Leader _____ Field Helper _____ General Helper _____ Other _____

Board Position _____ Junior Board (Youth Basketball 7th grade and up) _____ Other _____

MEDICAL INFORMATION:

Does the child have or is he/she subject to any of the following? (check if yes)

Asthma Fainting Spells Convulsions Bleeding disorders
 Diabetes Heart trouble Epilepsy Allergy to medication, etc.

Any condition that may require special care, medication or diet

Other, explain _____

Check here if none of the above applies

Please check if applicable _____ ADD _____ ADHD

Family Doctor: _____ Phone: _____ Town: _____

Insurance Carrier: _____ Policy Number: _____

CONSENT AND RELEASE: I do hereby release, absolve and waive any and all claims or actions against this recreation program's organizers, sponsors, volunteers, officials, coaches, participants or other agents and employees arising out of the transportation, playing equipment, instruction, management, coaching, etc., in connection with the operation of this program. In the event of an emergency, accident or injury which occurs while this person is participating in the recreation program, or traveling to or from this program, I hereby give my permission for the adult representative of the recreation program to secure whatever emergency transportation, medical and/or hospital care which may be necessary. I further agree to be financially responsible for such care and treatment.

DATE: _____ SIGNATURE: _____

Revised 12/08

Please sign the reverse side. 

**MILLSTONE TOWNSHIP
ATHLETIC CODE OF CONDUCT**

I hereby pledge to be responsible for my words and actions while attending, coaching or participating in a youth sports event and shall conform my behavior to the following code of conduct:

1. I will not engage in unsportsmanlike conduct with any coach, parent, player, participant, official or any other attendee.
2. I will not encourage my child, or any other person, to engage in unsportsmanlike conduct with any coach, parent, player, participant, official or any other attendee.
3. I will not engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, participant, official or any other attendee.
4. I will not encourage my child, or any other person, to engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, participant, official or any other attendee.
5. I will not use drugs or alcohol while at a Township sports event and will not attend, coach, officiate or participate in a Township sports event while under the influence of drugs or alcohol.
6. I will not permit my child, or encourage any other person, to use drugs or alcohol at a Township sports event and will not permit my child, or encourage any other person, to attend, coach, officiate or participate in a Township sports event while under the influence of drugs or alcohol.
7. I will not engage in the use of profanity.
8. I will not encourage my child, or any other person, to engage in the use of profanity.
9. I will treat any coach, parent, player, participant, official or any other attendee with respect regardless of race, creed, color, national origin, sex, sexual orientation or ability.
10. I will encourage my child to treat any coach, parent, player, participant, official or any other attendee with respect regardless of race, creed, color, national origin, sex, sexual orientation or ability.
11. I will not engage in verbal or physical threats or abuse aimed at any coach, parent, player, participant, official or any other attendee.
12. I will not encourage my child, or any other person, to engage in verbal or physical threats or abuse aimed at any coach, parent, player, participant, official or any other attendee.
13. I will not initiate a fight or scuffle with any coach, parent, player, participant, official of any other attendee.
14. I will not encourage my child, or any other person, to initiate a fight or scuffle with any coach, parent, player, participant, official or any other attendee.
15. I will abide by any decision rendered by the Code of Conduct Committee.
16. I will be responsible for the behavior of all those attending a Township sports event on my child's behalf.

Name

Signature

Date