



Englewood Cliffs Basketball 2017 Registration

Englewood Cliffs Residents,

Basketball Recreation Program for Boys & Girls, K thru 8th Grades will run from 1/7/17 – 3/25/17.
Please return registration forms ASAP.

- Games/Clinic starts Saturday, 1/7/17
- K – 2nd grade Clinic. Learn the fundamentals of ball-handling, passing, shooting and team play.
- Kindergarten clinic 8:30am
- 1st and 2nd grade clinic 9:30am

Times subject to change based on numbers registered. Game schedule TBD

REGISTRATION FORMS MUST BE SUBMITTED BY DECEMBER 16TH.

Open Clinic to be held on December 17th at Upper School

- 8:30am – 9:30am Kindergarten
- 9:30am – 10:30am 1st & 2nd Grades
- 10:30am – 11:30am 3rd & 4th Grades
- 11:30am – 12:30pm 5th & 6th Grades
- 12:30pm – 1:30pm 7th & 8th Grades

Team Selection Draft will be at 7:30pm on 12/19 at EC Community Building

- Please direct your recreation inquiries to rec@englewoodcliffsnj.org

*Mail Registration to: Borough Hall Basketball
482 Hudson Terrace, Englewood Cliffs, NJ 07632
Make check payable to: Borough of Englewood Cliffs - \$150 per player*

PLEASE PRINT CLEARLY

Child's Name _____ Age _____ School Grade _____ Male or Female
Address _____ Phone _____ Cell _____
Parent/Guardian Name _____ Email _____
Interested in coaching? Name _____ Phone number _____
Community Service Volunteer _____ Phone Number _____

I/WE THE PARENT(S) OF THE ABOVE NAMED CANDIDATE FOR A POSITION ON AN ENGLEWOOD CLIFFS BASKETBALL PROGRAM, HEREBY GIVE MY/OUR APPROVAL TO THEIR PARTICIPATION IN ANY AND ALL BASKETBALL PROGRAM ACTIVITIES DURING THE 2017 SEASON. I/WE DO HEREBY WAIVER, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE ENGLEWOOD CLIFFS BASKETBALL PROGRAM, AFFILIATED BASKETBALL LEAGUES, ORGANIZERS, SPONSORS, COACHES, PARTICIPANTS, AND PERSONS TRANSPORTING MY/OUR CHILD TO OR FROM RELATED ACTIVITIES FOR ANY CLAIM ARISING OUT OF INJURY TO MY/OUR CHILD EXCEPT TO THE EXTENT AND IN THE AMOUNT COVERED BY ACCIDENT OR LIABILITY INSURANCE.

I/WE AGREE TO RETURN ANY UNIFORMS/EQUIPMENT ISSUED TO OUR CHILD AS REQUESTED BY PROGRAM OFFICIALS OR COACHES.

Parent's Signature _____ Date: ____/____/____

**Councilwoman Carrol McMorrow – Recreation Committee Chair
Paul Duffy – Recreation Director**