

Oceanport Basketball Association (OBA)

2011-2012 Recreation Basketball Registration

Registration for the 2011-2012 recreation basketball season is open through October 30, 2011. Registration forms and checks (payable to Oceanport Basketball Association) should be mailed to: Jay Coffey, 39 Oneida Avenue, Oceanport, NJ 07757. Children who reside in Monmouth Beach, Oceanport, or Sea Bright, whether they attend public, private or parochial school or are homeschooled, are invited to play. Children will receive a uniform tee shirt to keep and once per week practice instruction. Children in grades 3 through 8 play a 9 game schedule in the Oceanport-Monmouth Beach Recreation League. Each child is guaranteed to play 12 minutes (1/2 regulation time) in each game. Questions should be directed to Jay Coffey at obahoops@att.net. You can view our website at: www.leaguelineup.com/oba. The division alignment and registration fees are as follows:

Rookie (2 nd Grade Boys and Girls) - \$40	Junior Girls & Junior Boys (3 rd & 4 th Grade) - \$65
Intermediate Girls & Intermediate Boys (5 th & 6 th Grade) - \$65	Senior Girls & Senior Boys (7 th & 8 th Grade) - \$65

NOTES:

1. Grade 4 & 6 boys and girls may be registered, at your option, in the next older division. However, once teams are selected, players must play in that division for the season.
2. Once teams are selected, late registrants will be placed on teams **IF** such addition will ensure continued balance in that division as is emphasized during the player draft.
3. For the 3rd or more child registered by a family, the fee is \$10.00 per child. Children of active members of the Oceanport Fire Department and 1st Aid Squads are exempt from registration fees.

Name _____ Grade _____ M/F _____ Division _____

Parent Names _____ Child's Birthdate _____

Address _____ Town _____ Home Phone _____

Father's e-mail address _____ Cell Phone _____

Mother's e-mail address _____ Cell Phone _____

Shirt Size (circle one): YOUTH S M L or ADULT S M L XL

League Fee (enclosed): \$ _____ check # _____ or Cash or Exempt _____

Sponsor Fee (\$100 - enclosed): \$ _____ check # _____ or Cash

Volunteer Assistance (Please check one of the following – instruction will be provided):

Coach Clock Operator Scorekeeper Rookie Game Support

For those parents unable to provide volunteer support, please check here and include an additional \$20 per family with the normal registration fees.

I hereby grant permission for my son/daughter _____ to participate in the program authorized by the Oceanport Basketball Association (OBA) during the 2011-2012 season. I understand that the Oceanport Basketball Association, the Borough of Oceanport, the Oceanport Recreation Committee, the Oceanport Board of Education, the Borough of Monmouth Beach, the Monmouth Beach Recreation Commission and the Monmouth Beach Board of Education carry no personal injury or accident insurance, and that my personal family coverage is the primary coverage in the event of injury to my child. In case of injury to my child, I agree to waive all claims resulting from or in connection with the activities in which my child is participating and I hereby release, absolve, indemnify and hold harmless the Oceanport Basketball Association, the Borough of Oceanport, the Oceanport Recreation Committee, the Oceanport Board of Education, the Borough of Monmouth Beach, the Monmouth Beach Recreation Commission and the Monmouth Beach Board of Education and/or their organizers, sponsors, officers, managers, supervisors and instructors.

PARENT SIGNATURE _____ DATE _____

MEDICAL TREATMENT AUTHORIZATION FORM

Oceanport Recreation

As a parent/guardian of _____, a minor, I hereby authorize any and all necessary medical treatment in the event of an injury, accident, illness, etc. until such time that I may be contacted.

Name of Parent/Guardian: _____

Address: _____

Phone: (work) _____ (home) _____ (cell) _____

Family Physician: _____ Phone: _____

Preferred hospital: _____

**** Specific allergies, illnesses, or other medical conditions that coaches and medical personnel should be aware of:** _____

In the event that I cannot be contacted, other persons designated to act on my behalf in case of an emergency:

(1) Instructor, coach, league, or tournament representative where my child is participating.

(2) Name: _____ Relationship to child: _____

Phone: (work) _____ (home) _____ (cell) _____

(3) Name: _____ Relationship to child: _____

Phone: (work) _____ (home) _____ (cell) _____

(4) Name: _____ Relationship to child: _____

Phone: (work) _____ (home) _____ (cell) _____

This Medical Treatment Authorization Form is effective for a period of one year from the date of signature unless specifically stated otherwise. I assume all responsibility for any payment required for medical treatment.

This release form is completed and signed of my own free will for the sole purpose of authorizing necessary medical treatment in my absence.

Signature: _____ Date: _____

Witness: _____ Date: _____

Return completed form with each registration. One child per form. Coach to maintain a completed form for each participant in the first aid kit.

PARENT'S/GUARDIAN'S CONSENT & RELEASE

In consideration for being allowed to participate in any way in the Oceanport Basketball Association's Recreation Basketball Program, related events and activities, I, as parent or guardian of _____, acknowledge, appreciate and agree that the risk of injury to my child from the activities involved in this program is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

1) FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my child's participation in this program; and,

2) I do hereby give my approval to his/her participation in the Oceanport Basketball Association's Recreation Basketball Program and I agree to abide by all the rules and regulations set forth by this organization while my child is participating. In case of injury to my child, I hereby release, absolve, indemnify and hold harmless the Oceanport Basketball Association, Borough of Oceanport, Oceanport Board of Education, Oceanport Recreation Committee, Borough of Monmouth Beach, Monmouth Beach Board of Education and/or their Organizers, Sponsors, Officers, Managers, Coaches, Instructors, Referees and Supervisors and agree to waive any and all claims resulting from or in connection with the activities in which my child is participating. **I understand that the Oceanport Basketball Association, Oceanport Recreation Committee, Borough of Oceanport, Oceanport Board of Education, Borough of Monmouth Beach and the Monmouth Beach Board of Education DO NOT carry or provide personal injury accident insurance, and that my personal family coverage is the primary coverage in the event of an injury to my child.** If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,

3) I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** the Oceanport Basketball Association, Borough of Oceanport, Oceanport Board of Education, Oceanport Recreation Committee, Borough of Monmouth Beach, Monmouth Beach Board of Education and/or their directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to facilitate the Oceanport Basketball Association's Recreation Basketball Program ("Releasees"), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in the Oceanport Basketball Association's Recreation Basketball Program, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE,** to the fullest extent permitted by law.

4) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY INDEMNIFY AND HOLD HARMLESS** all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, **EVEN IF ARISING FROM THEIR NEGLIGENCE,** to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

2011 PARENTS’/GUARDIANS’ CODE OF ETHICS

Oceanport Recreation

1. I will demonstrate good sportsmanship and positive support for all players, coaches, and officials at each practice, game, and other youth sports event.
2. I will place my desire for winning as second to the emotional and physical well being of my child, other players, coaches, and officials.
3. I will focus on my child’s development of self-confidence and life learning skills through involvement in youth sports.
4. I will insist that my child practice and play in a safe and emotionally healthy environment.
5. I will insist that my child treat other players, coaches, officials, and spectators with respect regardless of race, sex, creed, or ability/skill level.
6. I will require that my child’s coach(es) be trained in sports safety and that the coach(es) abide by the Volunteer Coaches’ Code of Ethics.
7. I will support the coaches and officials that work with my child in an effort to maintain a positive experience for all.
8. I will demand an environment that is free of drugs, alcohol, and tobacco, and will refrain from their use at all youth sport events.
9. I will do my best to make youth sports fun for my child and remember that the game is for the children.
10. While positive cheering is encouraged, abuse or threats toward any player, coach, or official is strictly forbidden. Use of profanity is also forbidden.
11. No spectator is permitted in the playing area or players’ bench.
12. I will foster my child’s enjoyment of the sports experience by being a respectful spectator, assist with coaching or other duties, or provide transportation as needed.
13. It is the responsibility of each child’s parent/guardian to inform all guest spectators invited to observe practices or games of these guidelines.

I have reviewed the 2011 Parents’/Guardians’ Code of Ethics and agree to abide by these guidelines. Failure to abide by these guidelines may result in warning, suspension, and/or discharge from the youth sport as determined by the Association's President. Any player disqualified from a game will not be allowed to participate in the next two games and will not be allowed to practice during the two game period. I will report any concerns or discrepancies in the adherence to the Code of Ethics to the Sports Association President or Recreation Coordinator.

Child’s Printed Name

Sport(s) involved

Parent/Guardian Signature

Date

Review, complete bottom portion of form, and return entire form with each registration. One form per child. Each Sports Association to forward completed form to the Recreation Coordinator to maintain on file.

OCEANPORT BASKETBALL ASSOCIATION 2011

TEAM SPONSOR SHEET

If you are interested in sponsoring a team for the Oceanport Basketball Association's 2011-2012 season, please provide the information requested below and provide us with a check in the amount of **\$100.00** payable to the "**Oceanport Basketball Association**". Each sponsor's name will be emblazoned across the back of one or more team's shirts. Additionally, each sponsor's contact information (including "once click" access to the sponsor's website) will be prominently displayed on the Oceanport Basketball Association's website at www.leaguelineup.com/oba.

SPONSOR NAME: _____
PRINT THE SPONSOR'S NAME EXACTLY AS YOU WISH IT TO APPEAR ON UNIFORMS

SPONSOR ADDRESS: _____

SPONSOR PHONE: _____

SPONSOR E-MAIL: _____

SPONSOR WEBSITE: _____

If you would like to sponsor the team of a particular player, please provide the player's name here:

(Please note that, depending on the number of sponsors, we cannot guarantee that you will be the sponsor of that player's team!)