



New Brunswick Recreation Basketball Leagues

HOT SHOTS
 Boys and Girls
 Ages 7-9
 Jan. 28-March 25, 2017
 Saturdays 9am-11am
 Lord Stirling School

JUNIOR BASKETBALL LEAGUE
 Boys and Girls Grades 5-6
 Begins in November 2016
 Monday, Wednesdays and Fridays
 6:00-8:00pm
 Lord Stirling School

INTERMEDIATE BASKETBALL LEAGUE
 Boys and Girls Grades 7-8
 Begins in November 2016
 Tuesdays and Thursdays
 6:00-8:00pm
 Lord Stirling School

Registration is \$50 for first child (\$30 each additional child from same family)
Registration and open gym will take place from 6pm-8pm At Lord Stirling on the following dates:
Junior League at Lord Stirling: November 1, 2, 3, 4, & 7, 2016
Intermediate League at Lord Stirling: November 1, 2, 3, 4, & 7, 2016
Hot Shots registration at Lord Stirling: January 28 & Feb. 4, 2017
 Registration can also be done at the Recreation Office at 411 Joyce Kilmer

REGISTRATION FORM 2016-2017

NAME _____ DOB _____ AGE _____
 PARENTS NAMES _____
 ADDRESS _____ APT#/BLDG# _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ PHONE (cell) _____
 EMAIL _____ GRADE _____

Circle One:
 Male
 Female

I give permission to my son/daughter to participate in the sport league indicated on this registration form. I understand that it is my responsibility to provide transportation for my son/daughter to and from the event location. I also understand that it is my responsibility to remain at the site during the program. I further understand that there will be no refunds given after the final registration date occurs.

PARENTS SIGNATURE _____ DATE _____

PLEASE SUBMIT THIS REGISTRATION FORM TO NEW BRUNSWICK RECREATION: 411 JOYCE KILMER AVE, NEW BRUNSWICK, NJ 08901. MAKE CHECKS or MONEY ORDERS PAYABLE TO "NEW BRUNSWICK RECREATION TRUST" PLAYERS WILL BE INFORMED OF CLINIC DATE AND LOCATION AT TIME OF REGISTRATION. **NO REGISTRATIONS & REFUNDS AFTER REGISTRATION DEADLINE.**

Paid: Check # _____ Money Order # _____ DATE: _____ STAFF _____



New Brunswick Recreation
Fitness Assessment Questionnaire

Name: _____ Date: _____

Birth Date: _____ Age: _____ Sex: Male _____ Female _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Emergency Contact Name: _____ Telephone Number: _____

Has your child ever experienced any of the following?

- Accidents, broken bones YES NO
Allergies YES NO
Asthma YES NO
Anemia, or bleeding problems YES NO
Bladder or kidney problems YES NO
Growth problems YES NO
Depression, abuse concerns, behavior problems YES NO
Heart problems, murmur, etc. YES NO
Gastrointestinal problems: frequent upset stomach, diarrhea YES NO
Lung problems: pneumonia, asthma, etc. YES NO
Neurological: seizures YES NO
Developmental or learning disabilities YES NO
Cerebral palsy YES NO
Headaches YES NO
Skin problems YES NO
Tuberculosis (or positive skin test) YES NO

MEDICATIONS: _____

Are his/her immunizations up to date? Yes No

The information I have provided on this questionnaire is accurate to the best of my knowledge. I understand that after New Brunswick Recreation review; I may be required to obtain clearance by an MD for my child before they can participate.

Signature

Date