

ROSELAND ATHLETIC CLUB 2017/18 WINTER YOUTH TRAVEL BASKETBALL WEST ESSEX AREA BOYS & GIRLS



REGISTRATION :	BEFORE THE FIRST TRYOUT				
	NO REFUNDS AFTER THE FIRST TRYOUT IF THE PLAYER SECURES A ROSTER SPOT.				
	MUST BE REGISTERED TO TRYOUT-WALKUPS ACCEPTED AT FIRST TRYOUT ONLY				
FEE:	\$200.00 - make check payable to Roseland Athletic Club (Must Pay Prior to Tryout)				
	Uniforms NOT included-IF Player Secures a Roster Spot Uniform Information will be provided				
MAIL TO:	Roseland Athletic Club - 30 Mitchell Avenue Roseland, NJ 07068				
DEADLINE:	MUST REGISTER BEFORE 1 st Tryout				

Tryouts Schedule: Days/Times Subject to Change

*Mandatory to attend at least one tryout and attending both is suggested.

Girls grade 5- Tuesday Oct 24th 6:30 @ Noecker & Thursday Nov 2nd 6:30 @ Noecker Girls grade 6 - Tuesday Oct 24th 6:30 @ Noecker & Thursday Nov 2nd 6:30 @ Noecker Girls grade 7 - Tuesday Oct 24th 7:45 @ Noecker & Thursday Nov 2nd 7:45 @ Noecker Girls grade 8 - Tuesday Oct 24th 7:45 @ Noecker & Thursday Nov 2nd 7:45 @ Noecker Boys grade 5 - Wednesday Nov 1st 6:30 @ Noecker & Tuesday Nov 7st 6:30 @ Noecker Boys grade 6 - Wednesday Nov 1st 7:30 @ Noecker & Tuesday Nov 7st 7:30 @ Noecker Boys grade 7 - Wednesday Nov 1st 8:30 @ Noecker & Tuesday Nov 7st 8:30 @ Noecker Boys grade 8 - Wednesday Nov 1st 8:30 @ Noecker & Tuesday Nov 7st 8:30 @ Noecker

**Tryouts/Teams for Girls-Boys Grades 3&4 will be determined by number of sign ups

Contact Chris Cattano <u>chriscat5@verizon.net</u> or 973-768-6499

ONE FORM PER PARTICIPANT	2016/17 WINTER YOUTH TRAVEL BASKETBALL							
Practice Jersey Size YM_	YL	(L AS	AM	AL	AXL_			
NAME	/ADDRES	s		/		/	/	
		STREET/I	PO BOX		TOWN	STATE	ZIP	
HOME PHONE	EMERGENCY P	HONE			DATE OF	BIRTH		_
AGE GRADE SEX	HEIGHT Di	id your child play	v last year? Yo	es No_	League	Last Year?		
E-MAIL ADDRESS:		Does	your child pla	y another w	vinter <u>sport?</u>	Yes	No	_
Does your son/daughter have any hea (Explain)	lth condition(s) the RA	AC Coaching Staf						
THE RAC RECOMMENDS THE DISCL	OSURE OF RELEVAN	T HEALTH INFO	ORMATION.	UNLESS T	HE RAC IS	NOTIFIED	IN WRITING,	

COACHES AND STAFF WILL BE FORWARDED ALL INFORMATION ON THE REGISTRATION FORM, INCLUDING HEALTH CONDITIONS.

Recognizing the possibility of physical injury associated with basketball, and in consideration for the Roseland Athletic Club and its affiliates accepting the registrant for its Basketball programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Roseland Athletic Club its affiliated organizations and sponsors, their employees and associated personnel, including the owners of any facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant the coaching staff permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.