

ABSECON SOCIAL AND ATHLETIC CLUB BASKETBALL REGISTRATION FORM 2009

CHILD'S NAME: _____

ADDRESS: _____

PHONE #: _____ DATE of BIRTH _____

SCHOOL: _____ CURRENT GRADE _____

PARENTS/GUARDIANS: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION:

NAME/PHONE#: _____

RELATIONSHIP TO CHILD: _____

PLEASE CIRCLE APPROPRIATE LEVEL

Grades 1 & 2 (Instructional)	\$25.00
Grades 3 & 4	\$30.00
Grades 5 & 6	\$40.00
Grades 7 & 8	\$40.00

SEPARATE FORM PER CHILD REQUIRED.

FAMILY MAXIMUM NOT TO EXCEED \$80.00

TEAM SPONSORSHIPS – CALL BILL at 641-6267

PAID BY (circle one): CASH / CHECK #: _____

TOTAL AMOUNT PAID: \$ _____

THERE WILL BE A \$20.00 FEE FOR ALL RETURNED CHECKS

IN CASE OF HARDSHIP PLEASE CALL BILL 641-6267,
CONFIDENTIALITY IS ASSURED.
HARDSHIP CASES WILL BE FUNDED BY THE GENEROSITY OF
THE DAVID V. BONEY MEMORIAL FUND.

ASAC is a completely volunteer organization; as such ASAC *needs* and *expects* your support to conduct programs for YOUR children. Please participate if you can.

Interested in (circle one): COACH / ASSISTANT COACH / TIMEKEEPER / BOOK / REFEREE

Note: All coaches and assistant coaches must be ASAC members in good standing.

RELEASE/ACKNOWLEDGEMENT

I _____, AM THE PARENT OR LEGAL GUARDIAN OF _____, A MINOR CHILD, WHO HAS BEEN REGISTERED FOR AN ABSECON SOCIAL AND ATHLETIC CLUB (ASAC) RECREATIONAL SPORTS PROGRAM. I CONSENT THAT THIS CHILD MAY PARTICIPATE IN THIS SPORTS ACTIVITY IN WHICH THERE MAY BE INJURY AS A NORMAL CONSEQUENCE OF PARTICIPATION AND FURTHER CONSENT THAT WHILE THE CHILD IS PARTICIPATING IN THIS ACTIVITY, THAT ASAC VOLUNTEER COACHES AND OFFICIALS HAVE SUPERVISION OF THIS CHILD.

I REPRESENT TO ASAC THAT THE CHILD IS PHYSICALLY QUALIFIED FOR THE ACTIVITY AND TO THE BEST OF MY KNOWLEDGE THE CHILD HAS NO MEDICAL CONDITION THAT WOULD PREVENT NORMAL PARTICIPATION IN THIS SPORT. IN THE EVENT OF INJURY, I CONSENT THAT VOLUNTEER COACHES OR OFFICIALS OF ASAC MAY ADMINISTER FIRST AID AND ORDER MEDICAL ASSISTANCE AS MAY BE AVAILABLE. IF I AM PRESENT AT THE TIME OF INJURY, I WILL GIVE FURTHER CONSENT OR ASSUME CONTROL OF THE CHILD'S MEDICAL TREATMENT. I AGREE TO HOLD ASAC HARMLESS AS TO ANY CLAIM I MAY MAKE, EXCEPT THOSE ALLOWED AND PERMITTED BY LAW.

I AGREE TO INSTRUCT THE CHILD TO PARTICIPATE ACCORDING TO THE PROGRAM'S RULES AS ARE SET OUT BY THE ORGANIZATION. I AGREE TO ASSIST ASAC, A VOLUNTEER ORGANIZATION, IN CARRYING OUT THE OBJECTIVES OF THE PROGRAM. I AGREE AND CONSENT AS A PARENT, COACH, OR SPECTATOR I WILL ABIDE BY THE ASAC CODE OF CONDUCT AND SET AN EXAMPLE OF GOOD SPORTSMANSHIP AT ALL TIMES. I UNDERSTAND THAT ANY PARENT, COACH, OR SPECTATOR WHO IS ABUSIVE, USES FOUL LANGUAGE OR GESTURES, OPENLY ARGUES WITH AN UMPIRE OR DISPLAYS DISRUPTIVE OR UNSPORTSMAN – LIKE BEHAVIOR WILL BE ASKED TO LEAVE THE COMPLEX BY THE UMPIRE, REFEREE, OR HEAD COACH. ALL INSTANCES OF DISRUPTION WILL BE FORWARDED TO THE ASAC DISCIPLINARY COMMITTEE FOR REVIEW AND POSSIBLE FURTHER ACTION, UP TO AND INCLUDING BEING BANNED FROM PARTICIPATING IN FUTURE ASAC EVENTS.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

****NOTE** PER NJ STATE LAW, IF YOUR CHILD WEARS EYEGLASSES, PROTECTIVE EYEWEAR (i.e. RECSPECS) MUST BE WORN AT ALL TIMES.**

REMEMBER, ASAC IS A VOLUNTEER ORGANIZATION. TREAT ALL VOLUNTEERS AS YOU WOULD WANT TO BE TREATED ... WITH RESPECT. Form can also be mailed C/o ASAC PO Box 26, Absecon NJ 08201