



**Township of Cedar Grove  
Recreation Department**  
525 Pompton Ave. Cedar Grove, NJ 07009  
(973) 239-1410 x220

## 5<sup>th</sup> & 6<sup>th</sup> Grade Recreation Basketball

**FOR CANCELLATIONS DUE TO INCLEMENT WEATHER;  
“LIKE” US ON FACEBOOK, [www.facebook.com/cedargroverec](http://www.facebook.com/cedargroverec) or  
“FOLLOW” US ON TWITTER, @CedarGroveRec**

- **Who:** Boys and Girls grades 5 & 6
- **Where:** -Practices will be determined by coach beginning week of 11/11  
-Games in Cedar Grove or school in surrounding W Essex area
- **When:** First team workout November 2<sup>nd</sup> at Memorial MS;  
(You will still be placed on a team even if you cannot attend)  
**5<sup>th</sup>/6<sup>th</sup> Girls- 9:00-10:00am**  
**5<sup>th</sup>/6<sup>th</sup> Boys- 10:00-11:00am**
- **Fee:** \$95.00/child – CHECKS PAYABLE TO TOWNSHIP OF CEDAR GROVE  
Cut-off will be Nov. 1<sup>st</sup>, any one added after this date will be at  
discretion of Rec. Department. **Late fee of \$10 after 11/1/19**

**Description:** This league is made up of Cedar Grove and West Essex teams. All teams will consist of a maximum of 10 players. All children will receive equal playing time in games, and will practice 1-2 times per week depending on the coach. This is a recreational league so it is all about learning the game while having FUN! **There is no guarantee to your child playing on a certain team. We will not decide teams by requests.**

### 5<sup>th</sup>/6<sup>th</sup> Grade Basketball – 2019-20

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_

EMAIL \_\_\_\_\_ PREFERRED HOSPITAL \_\_\_\_\_

Any Allergies/Health Conditions we should be aware of? (If Yes, explain) \_\_\_\_\_

**Check One:** BOYS \_\_\_\_\_ GIRLS \_\_\_\_\_

**If interested in Head Coach position please print name** \_\_\_\_\_

\*MANDATORY FREE COACHING CLINIC ON NOVEMBER 18<sup>TH</sup> 7:15PM AT CGHS

**T-Shirt Size:**

(Circle Adult or Youth AND Size) **Adult** OR **Youth** Small Medium Large XL(adult only)

I will not hold Cedar Grove Township, Cedar Grove Recreation or any of their representatives responsible for any loss or injury I may incur while playing or practicing. I am in good health and able to participate without restriction. I also authorize Cedar Grove Recreation Department personnel/coaches to contact appropriate emergency personnel, should I need medical assistance. In conjunction with the child's participation in the recreation program, the Township may make or arrange to make certain images of a child or children participating in such activities, such as still photographs, video tapes or other recorded moving images. I consent to, give permission for and authorize the Township to use the images of the child.  
There is no guarantee to your child playing on a certain team. We will not decide teams by requests.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**\$95.00**