



**MORRISTOWN RECREATION JR. COLONIALS  
GIRLS' & BOYS'  
TRAVEL BASKETBALL PROGRAM  
ACTIVITY REGISTRATION FORM**

**(Please print)**

Participant's Name: \_\_\_\_\_

Address\* (street, #, town, zip): \_\_\_\_\_  
(\* P.O. Box-holders MUST show proof of residency)

Home Phone#: (\_\_\_\_) \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Male / Female (circle one)    Height \_\_\_\_\_ Weight \_\_\_\_\_

Mother

Father

Name: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact if parents cannot be reached: Name/Phone: \_\_\_\_\_

Shirt size: Youth/Adult \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_

Shorts size: Youth/Adult \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_

I agree to let my child participate in the Morristown Recreation Travel Basketball Program. I understand that there are inherent risks associated with practices, tryouts and play of this sport, as well as in traveling and other related activities incidental to participation, and am willing to assume these risks. I certify that my child is fully capable of participating in the sport of basketball and he/she is healthy and has no mental disabilities or infirmities that would restrict full participation in this activity, except as attached in writing with this registration. In addition to giving full consent for my child's participation, I waive, release and hold harmless the Town of Morristown, and the Morristown Recreation Travel Basketball Program, its steering committee, coaches and other volunteers or representatives for any injury that may be incurred by my child by participating in this program. I grant permission for my child to receive emergency medical treatment in the event of an injury.

I grant the Morristown Recreation Travel Basketball Program, its representatives, assignees and transferees the right to take photographs of my child in connection with the Program, and to copyright, use and publish the photographs in print and/or electronically.

Parent/Legal Guardian Name: \_\_\_\_\_ (Please print)

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

*All decisions are at the discretion of the Morristown Recreation Travel Basketball Steering Committee*

**Registration Fee:** Morristown Residents - \$130.00 Morris Township Residents - \$170.00

Checks should be made payable to *Town of Morristown*, and submitted with **Registration** and **Code of Conduct Forms** to your head coach at the first practice. \$25.00 Discount for each additional sibling

***No refunds after the first week of practice.***