

# Oceanport Basketball Association (OBA)

## 2009-2010 Recreation Basketball Registration

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Registration for the 2009-2010 recreation basketball season is open through **October 15, 2009**. **Registration forms and checks (payable to Oceanport Basketball Association) should be mailed to: Jay Coffey, 39 Oneida Avenue, Oceanport, NJ 07757.** Children who reside in Monmouth Beach, Oceanport, or Sea Bright who attend public, private or parochial school are invited to play. Children will receive a uniform tee shirt to keep and once per week practice instruction. Children in grades 3 through 8 play a 9 game schedule in the Oceanport-Monmouth Beach Recreation League. Each child is guaranteed to play 12 minutes (1/2 regulation time) in each game. Questions should be directed to Jay Coffey at [jfcesq.coffey@att.net](mailto:jfcesq.coffey@att.net). You can view our website at: [www.leaguelineup.com/oba](http://www.leaguelineup.com/oba). The division alignment and registration fees are as follows:

Rookie (2 <sup>nd</sup> Grade Boys and Girls) - \$30	
Junior Girls (3 <sup>rd</sup> & 4 <sup>th</sup> Grade Girls) - \$50	Junior Boys (3 <sup>rd</sup> & 4 <sup>th</sup> Grade Boys) - \$50
Intermediate Girls (5 <sup>th</sup> & 6 <sup>th</sup> Grade Girls) - \$50	Intermediate Boys (5 <sup>th</sup> & 6 <sup>th</sup> Grade Boys) - \$50
Senior Girls (7 <sup>th</sup> & 8 <sup>th</sup> Grade Girls) - \$50	Senior Boys (7 <sup>th</sup> & 8 <sup>th</sup> Grade Boys) - \$50

**NOTES:**

- Grade 4 & 6 boys and girls may be registered, at your option, in the next older division. However, once teams are selected, players must play in that division for the season.
- Once teams are selected, late registrants will be placed on teams **IF** such addition will ensure continued balance in that division as is emphasized during the player draft.

**FEE NOTES:** For the 3<sup>rd</sup> or more child registered by a family, the fee is \$5.00 per child. Children of active members of the Oceanport Fire Department and 1st Aid Squads are exempt from registration fees.

Name \_\_\_\_\_ Grade \_\_\_\_\_ M/F \_\_\_\_\_ Division \_\_\_\_\_

Parent Names \_\_\_\_\_ Child's Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's e-mail address: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's e-mail address: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Shirt Size (circle one): YOUTH S M L or ADULT S M L XL

League Fee (enclosed): \$ \_\_\_\_\_ check # \_\_\_\_\_ or Cash or Exempt \_\_\_\_\_

Sponsor Fee (\$70 - enclosed): \$ \_\_\_\_\_ check # \_\_\_\_\_ or Cash

**Volunteer Assistance (Please check one of the following – instruction will be provided):**

\_\_\_\_ Coach                      \_\_\_\_\_ Clock Operator                      \_\_\_\_\_ Scorekeeper

\_\_\_\_ Rookie Game Support                      \_\_\_\_\_ 8<sup>th</sup> Grade Giordano Weekend Support

\_\_\_\_ For those parents unable to provide volunteer support, please check here and include an additional \$20 per family with the normal registration fees.

**I hereby grant permission for my son/daughter \_\_\_\_\_ to participate in the program authorized by the Oceanport Basketball Association (OBA) during the 2009-2010 season. I understand that the OBA carries no personal injury or accident insurance, and that my personal family coverage is the primary coverage in the event of injury to my child.**

**PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

VISIT US AT : [WWW.LEAGUELINEUP.COM/OBA](http://WWW.LEAGUELINEUP.COM/OBA)

# MEDICAL TREATMENT AUTHORIZATION FORM

## Oceanport Recreation

As a parent/guardian of \_\_\_\_\_, a minor, I hereby authorize any and all necessary medical treatment in the event of an injury, accident, illness, etc. until such time that I may be contacted.

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

**\*\* Specific allergies, illnesses, or other medical conditions that coaches and medical personnel should be aware of: \_\_\_\_\_**

In the event that I cannot be contacted, other persons designated to act on my behalf in case of an emergency:

(1) Instructor, coach, league, or tournament representative where my child is participating.

(2) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

(3) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

(4) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

*This Medical Treatment Authorization Form is effective for a period of one year from the date of signature unless specifically stated otherwise.*

*I assume all responsibility for any payment required for medical treatment.*

*This release form is completed and signed of my own free will for the sole purpose of authorizing necessary medical treatment in my absence.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form with each registration. One child per form. Coach to maintain a completed form for each participant in the first aid kit.

# 2009 PARENTS’/GUARDIANS’ CODE OF ETHICS

## Oceanport Recreation

1. I will demonstrate good sportsmanship and positive support for all players, coaches, and officials at each practice, game, and other youth sports event.
2. I will place my desire for winning as second to the emotional and physical well being of my child, other players, coaches, and officials.
3. I will focus on my child’s development of self-confidence and life learning skills through involvement in youth sports.
4. I will insist that my child practice and play in a safe and emotionally healthy environment.
5. I will insist that my child treat other players, coaches, officials, and spectators with respect regardless of race, sex, creed, or ability/skill level.
6. I will require that my child’s coach(es) be trained in sports safety and that the coach(es) abide by the Volunteer Coaches’ Code of Ethics.
7. I will support the coaches and officials that work with my child in an effort to maintain a positive experience for all.
8. I will demand an environment that is free of drugs, alcohol, and tobacco, and will refrain from their use at all youth sport events.
9. I will do my best to make youth sports fun for my child and remember that the game is for the children.
10. While positive cheering is encouraged, abuse or threats toward any player, coach, or official is strictly forbidden. Use of profanity is also forbidden.
11. No spectator is permitted in the playing area or players’ bench.
12. I will foster my child’s enjoyment of the sports experience by being a respectful spectator, assist with coaching or other duties, or provide transportation as needed.
13. It is the responsibility of each child’s parent/guardian to inform all guest spectators invited to observe practices or games of these guidelines.

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I have reviewed the 2009 Parents’/Guardians’ Code of Ethics and agree to abide by these guidelines. Failure to abide by these guidelines may result in warning, suspension, and/or discharge from the youth sport as determined by the Associations’ President. Any player disqualified from a game will not be allowed to participate in the next two games and will not be allowed to practice during the two game period. I will report any concerns or discrepancies in the adherence to the Code of Ethics to the Sports Association President or Recreation Coordinator.

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Child’s Printed Name

Sport(s) involved

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Parent/Guardian Signature

Date

Review, complete bottom portion of form, and return entire form with each registration. One form per child. Each Sports Association to forward completed form to the Recreation Coordinator to maintain on file.