

Hammonton Bulldog Basketball Association

PO Box 184, Hammonton NJ 08037

October 1, 2011

Dear Parent or Guardian,

Signups for the Hammonton Bulldog Basketball Association's 2011-12 Intramural and Travel basketball season will take place on **Wednesday, October 19th and Tuesday, October 25th from 6:00 to 7:30 pm at the Hammonton Middle School Gym.**

Registration fees for the 2011-2012 season will be the following:

Intramural Program

- \$75 for the first child

- \$65 for each additional child

Travel Program

- \$100.00 each child

Registrations are available online at www.hammontonbulldogsbasketball.com. The registration form and insurance card must be printed, completed and mailed to the above address. Required town insurance money is included in fees listed above.

Please indicate on the form whether your child is registering for intramural basketball or travel basketball. If your child would like to play for one of the HBBA travel teams, they will be contacted as to the date and time for tryouts. The HBBA travel program is generally reserved for children in grades 4 through 8. If your child tries out for, but does not make a travel team, you will be sent a refund above the cost for the intramural program.

The Hammonton Bulldog Basketball Association is totally supported by volunteers and we are in constant need for parents to help coach our intramural and travel teams. If you are interested in helping, please indicate so on the registration. We are also looking for additional local businesses to sponsor our intramural and travel teams.

Due to the cost of referee fees, gymnasium time and uniform costs, it is imperative that we have sponsors to offset our costs and keep registration fees reasonable for each child. If you would like to become a sponsor, please contact a board member, email us or complete the sponsorship form on the website.

We look forward to an exciting 2011-2012 Hammonton Bulldogs season. Should you have any questions or concerns, do not hesitate to contact any of our board members listed below or at our website. You can also email us at board@hammontonbulldogsbasketball.com.

Bill Mortellite 567-4154 Paul Ordille 567-6102 Rosemary Mitchell 704-9908

Mark Kozlowski 704-0024

Cheryl Caporale 561-4258



HAMMONTON BULLDOG BASKETBALL ASSOCIATION, INC.

P.O. Box 184

Hammonton, New Jersey 08037

PLAYER'S REGISTRATION AND MEDICAL INFORMATION

PLAYER'S NAME: _____ D.O.B: _____ M _____ F _____

ADDRESS: _____

SCHOOL NAME: _____ GRADE: _____ T SHIRT SIZE: _____

PHONE NUMBER: (HOME) _____ (CELL) _____

I am registering my child for: **Intramural Only** _____ **Travel Only** _____ **Both** _____

NAME OF PARENT/GUARDIAN _____

PERSON TO CONTACT IN CASE OF EMERGENCY (PLEASE LIST TWO PEOPLE)

1. _____
NAME PHONE RELATIONSHIP TO CHILD

2. _____
NAME PHONE RELATIONSHIP TO CHILD

Are there any particular ailments, injuries, allergies, or allergic reactions, etc. of which the coach should be made aware?

In case of an emergency, and in my absence, use this form for informational purposes only. This is not authorization for medical treatment other than emergency care.

(Signature of Parent or Guardian/Date)

Yes, I'm Willing to Help

- ___ Head Coach
- ___ Assistant Coach
- ___ Timekeeper
- ___ Scorekeeper

Name _____

Phone # _____

* Parents should not drop their children off ahead of their scheduled time and should be picked up on time.

** The Hammonton Bulldog Basketball Association will not be responsible for children left unattended.

| Amount
| Received _____

| Check ___ Cash ___

