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**TRENTON BASKETBALL LEAGUE PLAYER REGISTRATION FORM 2023**

The City of Trenton’s Department of Recreation is excited to offer 8 weeks of Spring Basketball Clinics this year, starting March 24 and ending May 27. Also, in the summer we will offer 10 weeks of basketball starting Jun. 20 and ending Aug. 31. The league will provide experienced referees, a scorekeeper, basketballs, and awards for the championship team. The cost is FREE!

*We need Coaches & Volunteers*! If you are interested in being a Head Coach or Team Parent, please contact La’Keisha Sutton at 609.815.2161 or via email [lsutton@trentonnj.org](http://?).

**Please check which leagues you are interested in participating in. (Full schedule will be online Mar 8.)**

*Co-ed SPRING CLINICS*

**\_\_Fridays**: 6-7:30pm at Parker School, Monument School, and Kilmer.

\_\_ **Saturdays:** 10-11:30am (Grades 7-12)

**\_\_ Saturdays:** 5:15-6:15pm (Grades 1-6)

**\_\_Girls Only** (Location TBD) Depending on interest we can create girls only program.

*SUMMER LEAGUE*

**\_\_Pee Wee League**: (Mon.) June 26-Aug. 28@ Capitol City Sports Complex

**\_\_Elementary 7-9** (Tue.) June 20-Aug. 29 @ Cooper Park (for beginners)

**\_\_Elementary 9-11** (Thur.) June 22-Aug. 31 @ John Beech Park

**\_\_High School Boys:** (Wed.) Jun. 21 – Aug. 30 @ Cadwalader Park

**\_\_High School Boys** (Thur.)Jun. 30 – Sep. 1 @John Beech or Cadwalader Park

\_\_ **Middle School** : (Fri.) Jun. 23 – Aug. 25 @Cadwalader Park \*subject to change\*

**\_\_Elementary/Middle School Girls:** TBD

**\_\_Adults Unlimited 18+** TBD

\_\_**Granny League** 50+ TBD Sam Naples or West Ward

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**T-shirt Size: \_\_\_\_\_\_\_\_\_\_ \*please specify: Adult (A) or Youth (Y) S, M, L or XL *Ex. Youth Small***

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

School Attending 2023: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade 2023: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_

**Interest in being a Volunteer Coach? Y/N or A Team Parent? Y/N**

**In case we are unable to reach you, please give us an 2 emergency contacts:**

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Waiver of Liability Release Statement**

**Trenton Basketball Leagues 2022**

**Permission To Participate**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the Trenton Basketball League.

Parent’s or Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Authorization**

I certify that my child’s current physical condition is satisfactory for participating in the Trenton Basketball League. I know of no reason to restrict my child’s activity. In the event that I cannot be reached in an emergency, I herby give permission to the physician selected by the Department of Recreation to hospitalize, secure proper treatment for, and injection of anesthesia or surgery for my child named above.

Parent’s or Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgement of Risk/Waiver and Release**

I certify that my child’s physical condition is satisfactory for participating in the Trenton Basketball League. I recognized that there are certain risks of physical injury in any athletic program and I hereby assume full responsibility for any expensed incurred as a result in my child’s participation in the Trenton Basketball League. I agree to: (A) waive and relinquish; (B) full release and discharge; and (C) indemnify and hold harmless the Department of Recreation, the City of Trenton and their officers, agents, employees and volunteers from any and all claims for injuries, damage or loss which may accrue to me on account of my child’s participation in the Spring League.

Parent’s or Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

**Photo/Video Release**

I give\_\_\_\_/do not give\_\_\_\_\_the Department of Recreation permission to use any photographs or video footage of my child for any promotional or other legitimate reason, including in newspapers, brochures, website, social media etc…

Parent’s or Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_