Oceanport Basketball Association (OBA) 2021-2022 Recreation Basketball Registration

Registration for the 2021-2022 recreation basketball season is open through <u>DECEMBER 10, 2021.</u> Registration forms and checks (payable to <u>Oceanport Basketball Association</u>) should be mailed or hand delivered to: Jay Coffey, 39 Oneida Avenue, Oceanport, NJ 07757. Children who reside in Monmouth Beach, Oceanport, Sea Bright and West Long Branch, whether they attend public, private or parochial school or are home schooled, are invited to play. Additionally, students who do not live in the Shore Regional sending district, but who attend public school in Monmouth Beach, Oceanport or West Long Branch are invited to play. Children will receive a uniform tee shirt and once per week practice instruction. Children in grades 3 through 8 will play an 8 or 9 game schedule. All 3rd and 4th grade games will be played on Saturdays at Monmouth Beach School. 5th/6th and 7th/8th grade games will be played on Saturdays at either Frank Antonides School or Maple Place School. Each child is guaranteed to play at least half of each game. Each team will have a regularly scheduled one hour practice session at either Frank Antonides School, Maple Place School or Wolf Hill School. The practice sessions will be set prior to the start of the season by each team's coach. Rookie League teams (1st & 2nd graders only, co-ed teams) practice once a week at Wolf Hill School and play one game on the big court at Maple Place at the end of the season. Questions should be directed to Jay Coffey at obahoops@att.net. You can view our website at: www.leaguelineup.com/oba. The division alignment and registration fees are as follows:

Rookie (1st & 2nd Grade Boys and Girls) - **\$65** Intermediate Girls & Intermediate Boys (5th & 6th Grade) - **\$80**

Junior Girls & Junior Boys (3rd & 4th Grade) - **\$80** Senior Girls & Senior Boys (7th & 8th Grade) - **\$80**

Grade_____ M/F____ Division____

NOTES

1. 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. 2. Once teams are selected, late registrants will be placed on teams <u>IF</u>, as is emphasized at the player draft, such addition will ensure continued balance in that division. 3. Second child in a family registering pays \$60.00. Third child in a family registering pays \$40.00. Fourth child in a family registering and/or children of active members of the Oceanport Fire Department or 1st Aid Squad are exempt from registration fees.

Parent Names Child's Date of Birth

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 (\$200 - enclosed):	\$check # or	Cash	
I hereby grant permission for merogram authorized by the Ocean Basketball Association, the Boro Borough of Monmouth Beach, the Long Branch Sports Association at that my personal family coverage	ny son/daughter port Basketball Association (OBA) ugh of Oceanport, the Oceanport we Monmouth Beach Recreation Co and the West Long Branch Board is the primary coverage in the even	A) during the 2021-2022 season. I unders Recreation Committee, the Oceanport Frommission, the Monmouth Beach Board of Education carry no personal injury or nt of injury to my child. In case of injury in which my child is participating and I	to participate in the stand that the Oceanport Board of Education, the of Education, the West accident insurance, and by to my child, I agree to
indemnify and hold harmless the Othe Oceanport Board of Education Beach Board of Education, the W	Oceanport Basketball Association, n, the Borough of Monmouth Beac	the Borough of Oceanport, the Oceanport ch, the Monmouth Beach Recreation Comion and the West Long Branch Board of	t Recreation Committee, mission, the Monmouth
PARENT SIGNATURE		DATE	

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MEDICAL TREATMENT AUTHORIZATION FORM Oceanport Recreation

authorize any and all nece until such time that I may		the event of an injury, accident, illness	, etc.
_			
Address:			
		(cell)	
Family Physician:	Phone:		
Preferred hospital:			
** Specific allergies, illn	esses, or other medical co	onditions that coaches and medical	
In the event that I cannot an emergency:	be contacted, other person	s designated to act on my behalf in case	of
(1) Instructor, coach, leag	ue, or tournament represer	tative where my child is participating	
(2) Name:]	Relationship to child:	_
Phone: (work)	(home)	Relationship to child:(cell)	_
(3) Name:]	Relationship to child:	
Phone: (work)	(home)	Relationship to child:(cell)	_
(4) Name:		Relationship to child:	
Phone: (work)	(home)	(cell)	_
of signature unless specific required for medical treat	ically stated otherwise. I d tment.	ctive for a period of one year from the dessume all responsibility for any payment on free will for the sole purpose of	
	dical treatment in my abse		
Signature:		Date:	
Witness:	n. One child per form. Coach to maintain a co	Date:mpleted form for each participant in the first aid kit.	

PARENT'S/GUARDIAN'S CONSENT & RELEASE

	TIME! IT S/ Geill	ADMIN'S CONSEN	I W KLLLINI		
In consideration for being a Basketball Program, from the activities involved in while particular rules, equipments	related events n this program is sign	and activities, acknowledge, appreci ificant, including the p	I, as p ate and agree the potential for per	earent or nat the risk of inj manent disability	guardian of ury to my child and death, and
1) FOR MYSELF, SPOUSE, and unknown, EVEN IF Al responsibility for my child's p	RISING FROM THE	NEGLIGENCE OF			
2) I do hereby give my appropriate Program and I agree to abide In case of injury to my chassociation, Borough of Octom Monmouth Beach, Monmouth Branch Board of Education Supervisors and agree to wait participating. I understand of Oceanport, Oceanport I Education, the West Long carry or provide personal in in the event of an injury participation and/or in the princarest official immediately;	by all the rules and renild, I hereby release teanport, Oceanport I the Beach Board of Education and/or their Organize we any and all claims that the Oceanport Board of Education, Branch Sports Association accident insurate to my child. If I oleogram itself, I will renilled.	gulations set forth by a basolve, indemnify Board of Education, ducation, the West Lors, Sponsors, Officers resulting from or in coasketball Association Borough of Monmociation and the West nce, and that my perposerve any unusual s	this organization and hold harm Oceanport Recrong Branch Sponnection with the Oceanport Routh Beach, the Long Branch sonal family congnificant concessions.	n while my child nless the Ocean reation Committers Foundation, aches, Instructor ne activities in we ecreation Comme Monmouth Board of Education in my child	is participating. port Basketball ee, Borough of the West Long s, Referees and hich my child is hittee, Borough each Board of ation DO NOT mary coverage s readiness for
3) I myself, my spouse, my HEREBY RELEASE AND Oceanport Board of Education of Education, the West Long officers, officials, agents, en applicable, owners and lessor Program ("Releasees"), WITT person or property incident Recreation Basketball Progr OTHERWISE, to the fullest endough the second se	HOLD HARMLES n, Oceanport Recreation Branch Sports Associate apployees, volunteers, as of premises used to a the RESPECT TO AN to my child's involutem, WHETHER AF	S the Oceanport Ba on Committee, Boroug ation, the West Long E other participants, spo facilitate the Oceanpor Y AND ALL INJURY vement or participati RISING FROM THE	sketball Associated of Monmouth Branch Board of Consoring agenciated Basketball Associated Type on in the Ocean	iation, Borough Beach, Monmou Education and/o es, sponsors, ad- sociation's Recrea f, DEATH, or locan anport Basketba	of Oceanport, th Beach Board r their directors, vertisers, and if ation Basketball ss or damage to Il Association's
4) I, for myself, my spouse, HEREBY INDEMNIFY AN involvement or participation permitted by law.	D HOLD HARMLES	S all the above Relea	sees from any a	and all liabilities	incident to my
I HAVE READ THIS I	RELEASE OF LL	ABILITY AND AS	SSUMPTION	OF RISK AC	GREEMENT,
FULLY UNDERSTAND	ITS TERMS, UN	DERSTAND THA	T I HAVE G	GIVEN UP SU	BSTANTIAL
RIGHTS BY SIGNING	IT, AND SIGN	IT FREELY AN	ND VOLUNT	TARILY WIT	HOUT ANY
INDUCEMENT.					
Parent's Signature:		Date	2:		
Parent's Signature:		Date	»:		

2021-2022 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.I will follow all COVID-19 protocols and procedures required by the Oceanport Board of Education, West Long Branch Board of Education and the Monmouth Beach Board of Education in connection with recreation basketball activities at their school buildings.
- 11. While positive cheering is encouraged, abuse or threats toward any player, coach, or official is strictly forbidden. Use of profanity is also forbidden.
- 12. No spectator is permitted in the playing area or players' bench.
- 13.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.
- 14.It is the responsibility of each child's parent/guardian to inform all guest spectators invited to observe practices or games of these guidelines.

I have reviewed the 2019-2020 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 Association's 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.

Child's Printed Name	Sport(s) involved: REC BASKETBALL
Parent/Guardian Signature	Date

Review, complete bottom portion of form, and return ENTIRE form with each registration. One form per child.

OCEANPORT BASKETBALL ASSOCIATION 2021-2022

TEAM SPONSOR SHEET

If you are interested in sponsoring a team for the Oceanport Basketball Association's **2021-2022** season, please provide the information requested below and provide us with a check in the amount of \$200.00 payable to the "Oceanport Basketball Association". Each sponsor's name will be emblazoned across an OBA Basketball drawstring backpack that will be provided to each member of the sponsored team. Additionally, each sponsor's contact information (including "once click" access to the sponsor's website) will be prominently displayed on the Oceanport Basketball Association's website at www.leaguelineup.com/oba.

SPONSOR NAME:	
PRINT THE SPONSOR'S NAME EXACTLY AS YOU WISH IT TO APPEAR ON	DRAWSTRING BACKPACK
SPONSOR ADDRESS:	
SPONSOR PHONE:	
SPONSOR E-MAIL:	
SPONSOR WEBSITE:	
If you would like to sponsor the team of a particular player, please provide the player's name here:	
(Please note that depending on the number of sponsors, we cannot guarantee that you will be the sponsor of that	nlaver's team!)

TO LEARN MORE ABOUT OUR REC AND TRAVEL BASKETBALL PROGRAMS, VISIT THE OCEANPORT BASKETBALL ASSOCIATION'S WEBSITE AT:

www.leaguelineup.com/oba