

**TOWNSHIP OF FRANKLIN RECREATION
Basketball Program Season 2022–2023**

Franklin Township Recreation Commission is now organizing for another season of basketball.
The application deadline is 11/11/2022.
Please help me by getting them in as soon as possible. Jersey ordering lead time is has increased substantially this year.

Registration Fee: \$100.00.
Make Checks Payable to *Franklin Township Recreation*

There are three forms that need to be returned this year available on-line
www.franklin-twp.org

Please Mail the Application, Emergency and Insurance Form, Medical Dispense Form and Check to:

Franklin Township Recreation
202 Sidney Road,
Pittstown, NJ 08867

The season will involve a week night practice and a Saturday games. Schedules are not final but practices will start in mid to late November during the week 7-9pm. The season will start in December 2022. I will send out an update when this is finalized. The season will run through March.

Franklin will have boy and girl teams in both 3/4th grade, 5/6th grade and 7/8th grade divisions.

To ensure balanced teams this year, if there is more than one team at a certain level, we will have all of the players attend a practice and the coaches draft teams from the pool of players.

The North Hunterdon Basketball League, is comprised of teams from the towns of Bethlehem, Clinton, Franklin, Union, Kingwood, Alexandria and Delaware Township

These are 'recreational' basketball leagues.

Playing time and game rules have been established to promote a recreational atmosphere. The season starts in December and runs through early March. Games are played on Saturday's at the participating township's school gyms. Teams will play approximately 9 games plus playoffs for 5/6 and 7/8 teams.

I encourage 6th-8th graders that are going out for the school team to also participate in this league. They can never get enough playing time.

I ask that any parent interested in coaching to get back to me ASAP. You will need to schedule Rutgers Safety Certification if you are not certified and to also process background checks.

If you have any questions are interested in coaching or assisting, please email me, Mark Mroz at mikeyman711@yahoo.com or call me on my cell phone at 908 500-8448.

Thank you and we hope to see for our 2022/2023 basketball season.

**TOWNSHIP OF FRANKLIN RECREATION
Basketball Program Season 2022-2023 Application**

I am interesting in Coaching: Yes No (If "Yes", you should be Rutgers SAFETY Certified)

Name: _____ Male ___ Female ___ Jersey Size _____
(Adult/Youth) (S,M,L,XL)

Birth Date: _____ Age: _____ Grade: _____ School Attending _____

Mailing Address _____
Number Street (Apt# if any) Town Zip Code

Email Address _____

Telephone # _____ Emergency Contact _____

Emergency Telephone # _____ Relationship: _____

AUTHORIZED PEOPLE TO PICK UP CHILD IN THE EVENT OF ILLNESS, ACCIDENT OR EARLY DISMISSAL:

Name _____ Telephone # _____

Cell # _____ Relationship to Child _____

Name _____ Telephone # _____

Cell # _____ Relationship to Child _____

Medical Insurance: Name of Company: _____

Policy # _____

Group # _____

By enrolling and signing this application, I give my permission to attend any activity and authorize any medical treatment in my absence for the well being of the child, in case of an emergency. Please list any special medical or physical needs, medical conditions, or allergies the personnel should be aware of. I understand if my child requires an inhaler/epi-pen that the child is responsible for taking it with him/her on any field trip or activity.

Any accident or injury must be reported to the Recreation Office the following work day.

The applicant, parents, guardians, heirs, legal representatives and assignees, to the fullest extent permitted by law, hereby agrees to indemnify and hold harmless the Township of Franklins and all of its agents, directors, officers, employees and volunteers and the physician or hospital treating my child, against any and all claims, judgments, demands for damages and expenses, including but not limited to attorney's fees, arising out of, by reason of, on account of, in consequence of, or in connection with their child's participation at the Township of Franklin Recreation Basketball program, arising from accidents to any persons or property caused by or to the child or other participants or any other person(s) to which this application applies.

Parent will be responsible for the conduct of their child while participating at the Township of Franklin Recreation Basketball program and enforce all rules and regulations as required by the Township's recreation program. Parent agrees and acknowledges that any violations to the rules and regulations will not be tolerated and child may be subject to expulsion from this program and any other Township sponsored program.

Parent/Guardian Signature _____ **Parent/Guardian Name** _____

Please print

TOWNSHIP OF FRANKLIN RECREATION
Report of Parent Emergency and Insurance Information

Participant's Name _____ Age _____ Grade _____

Street _____ Town _____ Zip Code _____

Mother's/Guardian's Name _____ Home tel.# _____ Work# _____

Address _____ Cell# _____ E-mail _____

Father's/Guardian's Name _____ Home tel.# _____ Work # _____

Address _____ Cell # _____ E-mail _____

When both parents work, who should be notified to take a sick child home? _____

In case of emergency who should be notified first? _____

If not available, notify:

1. Name _____ Relationship to child _____

Home tel.# _____ Work tel.# _____ Cell # _____

2. Name _____ Relationship to child _____

Home tel. # _____ Work tel.# _____ Cell # _____

My child is covered by the following insurance:

Name of insurer: (i.e Blue Cross, Aetna, etc.) _____

Policy # _____

Signature _____ Date _____

**TOWNSHIP OF FRANKLIN RECREATION
Medication Dispense Form**

The NJ Department of Education, Office of Educational Support Services, recommends that **ALL MEDICATION** (both prescription and over the counter OTC) must be accompanied by written permission from **BOTH** the **PARENT** and **PHYSICIAN**. The Township of Franklin follows the recommendation that permission is required from **BOTH PARENT AND PHYSICIAN** for administration of any medication. In order for a program participant to receive any medicine including Tylenol, Advil or Motrin, the Township Recreation Department needs written permission from both the parent and the physician.

Prescription medication must be brought to the Township sponsored event by the parent, unless other arrangements have been made with the Township. It must be in the original prescription container, labeled with the name of the student, medication, dosage and name of the physician.

All prescription and specific non-prescription medications (i.e. Zyrtec, Claritan, Excedrin, Aleve, etc.) should be provided by the parent/guardian with a written permission of the child's physician and parent/guardian including the child's name, purpose of the medication, the time at which (or the circumstances under which) the medication shall be administered, and the length of time for which the medication is prescribed.

Only those medications which are medically necessary during recreation program hours for a child's well being should be sent to the Recreation Department.

NAME OF STUDENT _____ D/O/B/ _____

NAME OF MEDICATION _____

DOSAGE _____

TIME TO BE GIVEN _____

REASON FOR MEDICATION _____

MEDICATION TO BE GIVEN FROM _____ TO _____
Date Date

HOW IT IS TAKEN _____
Example: by mouth, inhaler, with food, crushed, etc.

ADDITIONAL COMMENTS: _____

PARENT SIGNATURE

PHYSICIAN SIGNATURE

TELEPHONE #

TELEPHONE #

*** DUPLICATE PAGE FOR ANY ADDITIONAL MEDICATIONS