

**TOWNSHIP OF FRANKLIN HUNTERDON COUNTY RECREATION  
Basketball Program Season 2023–2024**

Franklin Township Recreation Commission is now organizing for another season of basketball.

**The application deadline is 11/10/2023.**

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](http://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 2023. I will send out an update when this is finalized. The season will run through March.

Franklin will have boy and girl teams in 3/4<sup>th</sup> grade, 5/6<sup>th</sup> grade and 7/8<sup>th</sup> 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 6<sup>th</sup> - 8<sup>th</sup> 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 [mikeman711@yahoo.com](mailto:mikeman711@yahoo.com) or call me on my cell phone at 908 500-8448.

Thank you and we hope to see for our 2023/2024 basketball season.

**TOWNSHIP OF FRANKLIN HUNTERDON COUNTY RECREATION  
Basketball Program Season 2023-2024 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 HUNTERDON COUNTY 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