

GREENWICH TWP. RECREATION COMMISSION



SPRING 2010 NEWSLETTER

**GOING "VIRTUAL"
VIEW OUR NEWSLETTER AND ACCESS FORMS
BY VISITING**

GREENWICH TWP.:

<http://www.greenwichtownship.org/gtrc/index.html>

OR

GREENWICH TWP. SCHOOL DISTRICT:

<http://www.greenwickschool.org/home/index.shtml>

"COMMUNITY LINKS"

Greenwich Township Recreation Commission



321 Greenwich Street
Stewartsville, NJ 08886
Rec Hotline: (908) 859-1712
www.greenwichtownship.com/gtrc



January 5, 2010

Parents and school age children:

On behalf of the Greenwich Township Recreation Commission, I would like to extend our best wishes to you and your family for a **HAPPY, SAFE, AND HEALTHY NEW YEAR.**

Well, here we are again, another season of sports and recreation. I would first like to thank all the volunteers who help make the Greenwich Township sports programs and recreational activities successful. The hard work put forward by these people shows in the quality programs we run: Wrestling, Basketball, Baseball, Lacrosse, Soccer, Field Hockey, Flag Football, Cheerleading, Softball, and Friday Open Night Basketball. In addition to this we also run the Easter Egg Hunt, Kids Bingo, and the Halloween Parade.

Many volunteer hours are spent to provide quality programs, but your help is needed to ensure continued success. We need you to sign up for the Booster Club to continue to keep these programs running strong. In addition, we need you to sign up to coach at any level and any sport to keep these programs going. Without your help these programs do not exist. How awful it would be for our children not to have these programs to enjoy.

I urge you all to please look over the Booster Club forms and the Coaches applications to see where you can help. If you are new to the area, this is a great way to meet and make new friends. It also gives you the opportunity to share in your children's activities.

We will continue to post information including this newsletter on our township web site and publicize registration dates in the Express-Times. This is your Recreation guide, read through it carefully, keep it handy – add it to your personal bulletin board. There is an overwhelming amount of information right at your fingertips. Our summer/early fall edition will be distributed in mid-April.

Thank you for taking the time to read our newsletter. We at the GTRC look forward to seeing you over the course of the year.

Sincerely,
Dan Perez
President, GTRC

Greenwich Township Recreation Commission



2010 Spring Activities

- Greenwich Township Recreation Meeting.....Monthly
Meetings held the second Monday of each month.*
 Time & Location: 7:00 p.m. Greenwich Township Municipal Building
All are encouraged to attend!
- Township Easter Egg..... March 27, 2010
 See Attached Details
- Annual Sports Banquet..... April 24, 2010
 Honoring Sport Participants in **Grades 3 through 8**
 Invitations will be mailed mid-March.
 Location: Bloomsbury Banquet Hall
- Tee-Off for FUNdraising.....TBD
 Will be held at Apple Mountain Golf and Country Club. More info. to follow
- 2009-2010 Recreation Sponsored Dances.....Monthly
Jan 22, Feb 7, Mar 6, Apr 10, May 8 and June 5
Grades 6 through 8 only
 Location: Stewartsville Middle School multipurpose room
 Time: 7-10 pm
- Softball.....*See Attached Details*
 Baseball.....*See Attached Details*

Upcoming Sports Registrations:

WEEK NIGHTS: 6pm - 8pm @ SMS

Jan. 19, 21, 25, 27Feb. 2 & 4th

SATURDAYS: 9am - 12pm @ Municipal Bldg.

Jan. 16, 23, 30.....Feb. 6th

Or register by mail: GTRC, 321 Greenwich Street, Stewartsville, NJ 08886

Registration and Medical Consent forms are attached to this newsletter and will also be available at the on-site registration. **Both** forms may also be accessed via our website at www.greenwichtownship.com/gtrc. Forms and checks payable to GTRC can also be mailed but must be postmarked by February 28th. Forms received after February 28th, will be charged a \$30/child late fee.

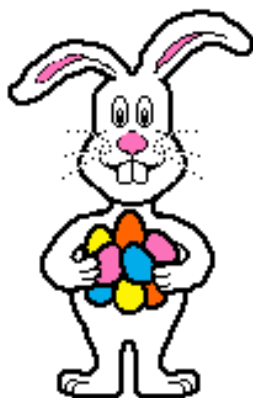
Greenwich Township
Commission Presents



Recreation
the 2010 Annual

Easter Egg Hunt

The hunt will be open to children infant to 5th Grade.



Come join the fun!

Saturday, March 27, 2010

1:00 p.m.

Greenwich School



Volunteers needed! Please contact:

Recreation Hotline 859-1712

Greenwich Township Recreation Commission
Announces Registration for



2010 GIRLS SOFTBALL

WEEK NIGHTS: 6pm - 8pm @ SMS

Jan. 19, 21, 25, 27Feb. 2 & 4th

SATURDAYS: 9am - 12pm @ Municipal Bldg.

Jan. 16, 23, 30Feb. 6th

Or register by mail: GTRC, 321 Greenwich Street, Stewartsville, NJ 08886

Pony Level
1st & 2nd grade

- ✓ Instructional Level
- ✓ Coach pitched "soft" ball
- ✓ Rosters created by a lottery selection process
- ✓ FEE: \$50

Biddy Level
3rd & 4th grade

- ✓ League play with surrounding towns, competitive
- ✓ Player pitched softball
- ✓ FEE: \$60

Midget Level
5th & 6th grade

- ✓ League play with surrounding towns, competitive
- ✓ Player pitched softball
- ✓ FEE: \$60

Junior Level
7th - 8th grade

- ✓ League play with surrounding towns, competitive
- ✓ Player pitched softball
- ✓ FEE: \$65

Questions: Please contact Dominick Esposito 908 213-0154 or dominick@elaw.com

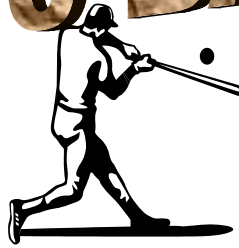


COACHES NEEDED!!!

Anyone interested in becoming a head or assistant coach for the 2010 softball season can complete the attached coaching application. All applications must be received by January 31st in order to be considered for a coaching position. This includes returning coaches from last season.

Greenwich Township Recreation Commission
Announces Registration for

2010 BASEBALL



WEEK NIGHTS: 6pm - 8pm @ SMS

Jan. 19, 21, 25, 27Feb. 2 & 4th

SATURDAYS: 9am - 12pm @ Municipal Bldg.

Jan. 16, 23, 30Feb. 6th

Or register by mail: GTRC, 321 Greenwich Street, Stewartsville, NJ 08886

<p><u>TEE BALL</u> Instructional Play Rosters created by a lottery selection process Boys & girls ages 5 & 6 as of 4/30/10 Fee \$40</p>	<p><u>ROOKIES</u> League play with surrounding towns instructional Rules designed for coach pitched hardball baseball Rosters created on an evaluation draft process Boys ages 7 & 8 as of 4/30/10 *Optional 8 year old tournament team selection for Cal Ripken district tournament Fee \$50</p>
<p><u>MINORS</u> League play with surrounding towns, competitive Player pitched hardball baseball Rosters created on an evaluation draft process Boys ages 9 & 10 as of 4/30/10 *Tournament selection team to participant in 10U Cal Ripken district tournament as well as various area tournaments/travel leagues Fee: \$50</p>	<p><u>MAJORS</u> League play with surrounding towns, competitive Player pitched hardball baseball Rosters created on an evaluation draft process Boys ages 11 & 12 as of 4/30/10 *Tournament selection team to participant in 12U Cal Ripken district tournament as well as various area tournaments/travel leagues Fee: \$55</p>
<p><u>JUNIORS</u> League play with surrounding towns, competitive Player pitched hardball baseball Rosters created on an evaluation draft process Boys ages 13 & 15 as of 4/30/10 *Tournament selection team to participant in 14U Cal Ripken district tournament as well as various area tournaments/travel leagues Fee: \$60</p>	

Tee Ball rosters are set by lottery basis. Rookie, Minor, Major and Junior rosters based on an evaluative draft.

**Any player that makes tournament selection team will need to supply a copy of child's birth certificate.*

Questions: Contact the Recreation Hotline at 859-1712 or email greenwichrebaseball@yahoo.com

COACHES and UMPIRES NEEDED!!!

Anyone interested in becoming an umpire, head or assistant coach for the 2010 baseball season can complete the attached application. All applications must be received by January 31st in order to be considered for an umpiring or coaching position. This includes returning coaches from last season.



*You are cordially invited to attend the
Greenwich Township & Bloomsbury Recreation Commissions'
13th Annual All Sports Banquet
honoring the 3rd through 8th grade athletes of our Recreation Programs*

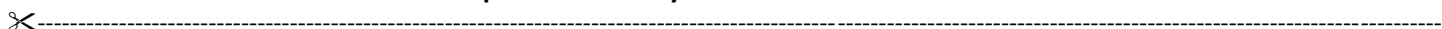
*Saturday, April 24, 2010
6:30 to 10:30 p.m.*

*The Bloomsbury Banquet Hall - Bloomsbury Fire House
91 Brunswick Avenue
Bloomsbury, NJ 08804*



*So that appropriate arrangements for awards may be made,
the favor of a reply is requested by April 3, 2010*

- One invitation has been sent per family – **Please list all eligible participants in your response.**
- There is no charge for participating athletes (baseball/softball '09; soccer '09; field hockey '09; basketball '10; wrestling '10; cheerleading '09/10).
- Seating is limited - first come, first serve!
- **Athletes must be accompanied by a parent or guardian**
- Dressy casual wear, please - dinner will be served
- **Athlete Participants are free**
- **\$25.00 for adults and non-participants 10 years and older**
- **\$12.00 for children age 9 years and younger**
- Tickets will be held at the door. **Prepaid tickets only.**



RETURN FORM BELOW ALONG WITH YOUR CHECK MADE PAYABLE TO
GREENWICH TOWNSHIP RECREATION COMMISSION

TO: Greenwich Township Recreation Commission
321 Greenwich Street
Stewartsville, NJ 08886
Attn: Robert Hurte – Sports Banquet

Total Attending: _____ Athletes (free): _____ Adults (\$25): _____ Children: (\$12): _____

Athlete:	Sport(s):	Sport(s):	Circle Y or N
			Honor Roll? Y N
			Honor Roll? Y N
			Honor Roll? Y N

Parent(s)/Guardian(s): _____

Additional Attendees: _____, _____, _____

8TH Graders: Which High School do you plan on attending? _____

Check in the amount of \$_____ is enclosed.

GREENWICH TOWNSHIP RECREATION COMMISSION REGISTRATION

321 Greenwich Street, Stewartsville, NJ 08886

Rec Hotline: (908) 859-1712

Web site: www.greenwichtownship.com/gtrc

CHILD'S NAME: _____ BIRTHDATE ___ / ___ / ___ AGE ___ M F

PARENT/GUARDIAN: _____ PHONE _____ Cell: _____ Home: _____

ADDRESS: _____ Street City/Town Zip SCHOOL: _____

EMAIL ADDRESS: _____ SPRING 2010 GRADE: _____

Did you play last year? Yes No If yes, name of coach: _____

Are you involved in any other activity(s)/sport(s) that will prevent you from attending games/practices? Yes No

If yes, please indicate activity/sport and day(s) of the week _____

Circle CHILD'S SHIRT size Y-S, Y-M, Y-L or A-S, A-M, A-L, A-XL SHORT/PANT size Y-S, Y-M, Y-L or A-S, A-M, A-L, A-XL (6-8) (10-12) (14-16) (6-8) (10-12) (14-16)

Have you ever played baseball/softball for another Phillipsburg area organization? (Holy Name, Alpha, Lopatcong, etc.)

Yes No If yes, please indicate name of Organization _____

Registering for the following (discounts apply to families registering more than 2 children---ask for details)

SOFTBALL: Pony \$50 Biddy \$60 Midget \$60 Junior \$65
BASEBALL: Tee Ball* \$40 Rookie* \$50 Minor \$50 Major \$55 Junior \$60

Baseball only: [] Check box if would like to be evaluated for tournament selection team at circled level.

Please make checks payable to: GTRC LATE FEE (applicable after Feb. 28th, 2010): \$30/child

Snack Stand Buyout (optional): The GTRC relies on revenue from Snack Stand sales for fundraising. It is expected that all parents will work the Snack Stand at sometime during the season. If you prefer not to work the Snack Stand, you can pay a "buyout" fee of \$100 per child. NOTE: If you opt not to buyout and do not fulfill your obligation, a \$100 charge will be assessed. I choose to (check one): [] Work the snack stand [] Purchase the buyout

*Parents are not required to work the snack stand for the sports with an asterisk.

PARENTAL/GUARDIAN CONSENT

My child has parental/guardian consent to participate in the Greenwich Recreation Commission's recreation programs for the 2010 season. The fee that is required at registration time is for individual secondary insurance coverage, equipment and other related costs. This fee must be paid and this consent form must be signed before a child is allowed on the practice field and issued a uniform. Also, there will be NO REFUNDS of registration fees after any teams' first practice.

As a consenting parent/guardian, I agree to take proper care of any recreational equipment and uniform loaned to my child during the season. I also promise to deliver the equipment and uniform to the coach or designee in good condition and appropriately cleaned at the end of the season. I understand that if I do not turn in any equipment or uniform at the end of the season, I will be billed for the cost of said equipment/uniform. In addition, I agree to abide by all Greenwich recreational rules and the rules for the league in which my child participates.

Transfers are recognized to be counterproductive to the programs of GTRC. Transfers to teams in other municipalities which participate in the same league shall not be granted except in the case of extenuating circumstances. Any player granted a transfer to another municipality may be ineligible to play for any Greenwich sport team for a period of one full calendar year. Transfers are subject to League Approval

I, as parent of a child/children participating in the GTRC recreation program, will attend a Code of Conduct seminar sponsored by the GTRC.

By my signature, I understand and accept all the conditions stated above.

Parent/Guardian's Signature: _____ Date: _____

RECREATION USE ONLY:

Cash/Check#: _____ Amount Paid: _____ Late fee: [] Buyout: [] Rec'd by: _____

Discounts applied: Y N Paying for siblings or more than one sport Y N How many? _____

GREENWICH RECREATION MEDICAL CONSENT FORM 2010

A medical consent form must be completed for every sport registered

(discounts apply to families registering more than 2 children---ask for details)

NAME: _____ BIRTHDATE ____/____/____ AGE ____ M F

PARENT/GUARDIAN: _____ EMAIL _____

ADDRESS: _____

(H) PHONE _____ (W) PHONE _____ (C) PHONE _____

Family Physician's Name: _____ Phone #: _____

Insurance Coverage:

Company Name: _____ Policy #: _____

Emergency Contact: (Can be a parent)

Name: _____

Phone: _____

Relationship to child: _____

The undersigned releases from any liability, the coaches and any other person associated with the Greenwich Township Recreation Program for any expenses, charges or other costs or claims for damages or injury arising from participation in any program.

The undersigned is aware of the potential for physical injury during actual participation in and during the transportation to and from the program. The undersigned guarantees that the participant is appropriately covered by a primary medical insurance policy as specified above.

The undersigned acknowledges that the emergency contact listed on this form is authorized to act on behalf of the parent/guardian for any unexpected medical and/or hospital care in an emergency situation, excluding major elective surgery, for the above named minor during the period of the parent/guardian's absence.

Signature of Parent/Guardian: _____ Date: _____

*****IMPORTANT – PLEASE READ AND COMPLETE*****

Does your child have any allergies or medical conditions that your coach should be aware of? If so, please note here along with any medications currently being taken:

Coaches: To be verified by parent/guardian within first week of practice.

Parent/Guardian verification Signature _____

Greenwich Township Recreation Commission



321 Greenwich Street
Stewartsville, NJ 08886
Rec Hotline: (908) 859-1712
www.greenwichtownship.com



COACH'S APPLICATION

PLEASE print clearly and use one form per applicant. Mail completed form to the address above.

NOTE: Applications must be received by all interested coaches no later than specified date on the respective sport registration form.

NAME _____ SPOUSE NAME _____

ADDRESS _____

SS# _____ CELL PHONE _____

PHONE (Home) _____ PHONE (Work) _____

FAX (Home) _____ FAX (Work) _____

E-MAIL _____ **Can this e-mail address be used as the primary way of communication. (i.e.: scheduling changes etc.)** YES NO

If your response is NO, which means of communication would be best: _____

COACHING HISTORY (LAST 5 YEARS – please list organization, city & state) Please attach additional sheet if necessary.

SHIRT SIZE _____

Sport _____ **Level (age)** _____ **Preference:** HEAD ASSISTANT EITHER

Sport _____ **Level (age)** _____ **Preference:** HEAD ASSISTANT EITHER

Sport _____ **Level (age)** _____ **Preference:** HEAD ASSISTANT EITHER

Please provide one reference with phone number (mandatory):

I certify that all of this information is true and that by volunteering to coach in Greenwich Township, I give my consent to have a background check done in accordance with the "Volunteers for Children Act".

Signed: _____ Date: _____

MIND YOUR BUSINESS, INC.

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A INVESTIGATIVE REPORT

I, the undersigned consumer, do hereby authorize Greenwich Township Recreation Commission, by and through its independent contractor, MIND YOUR BUSINESS, INC. ("MYB"), to procure an investigative report on me.

These above mentioned reports may include, but are not limited to, employment and education verification; personal references; citations; a social security number verification; present and former addresses; criminal and civil history/record; and any other public record; and any other information bearing on my worthiness, character, general reputation, personal characteristics, trustworthiness and/or mode of living.

I understand that the investigative consumer report I have authorized above may include information obtained by interviews with my neighbors, friends and/or associates and/or others with whom I am acquainted or who may have knowledge concerning said information. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon written request to MYB that is made within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Greenwich Township Recreation Commission, by and through MYB, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources, *including alcohol and controlled substance information from previous employers.*

I hereby release Greenwich Township Recreation Commission, MYB and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf, for procuring, selling, providing, brokering, and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

PRINTED NAME: _____
First Middle Last Maiden/Other (within past 7 years only)

SIGNATURE: _____ DATE: _____

COMPLETE RESIDENCE ADDRESS:

Street Number/P.O. Box Street Name

City State Zip Code County

SOCIAL SECURITY NUMBER: _____

DAYTIME TELEPHONE NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE ISSUED: _____

DATE OF BIRTH*: _____ GENDER*: _____

Alternatively, you may elect to call MYB directly at (888) 758-3776 X9909 to leave your Date of Birth or Social Security Number.

*** This information is voluntary. However, without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.**

PLEASE LIST ALL ADDITIONAL RESIDENCES THAT YOU HAVE RESIDED IN THE PAST FIVE (5) YEARS:

Street Number/P.O. Box Street Name City State Zip Code County

Street Number/P.O. Box Street Name City State Zip Code County

Street Number/P.O. Box Street Name City State Zip Code County