

Bernards Parents for Exceptional Children & Bernards Township Recreation

present:

SATURDAY MORNING BASKETBALL

For Children with Special Needs in grades 6 – 12

Cedar Hill School Gymnasium

Saturdays, 9 AM – 10 AM

November 19^h, December 3th, 10th, & 17th



The goal of this program is to teach the fundamentals of basketball. Scrimmages will be conducted during the last half hour of each session.

PROGRAM IS LIMITED TO 16 PARTICIPANTS ON A FIRST COME - FIRST SERVED BASIS

Program Attire: The Recreation Department will furnish all equipment. T-shirts will be provided to all participants. Players should wear sneakers and comfortable clothing.

Participant Eligibility: All classified students are eligible for this program; Bernards Township residents only. Registration forms must be downloaded from www.bernards.org.

Registration: \$15 per participant payable to "Bernards Township". Refunds are subject to a \$10 processing fee. Sorry, no refunds after 11/18/11

Registration forms must be received by November 18, 2011.

Bernards Township Parks and Recreation

908-204-3003

www.bernards.org



SATURDAY MORNING BASKETBALL Nov/Dec 2011 - REGISTRATION FORM

Complete one form per child, per program and submit one check per child per program payable to "Bernards Township" and return to: Bernards Township Recreation, 1 Collyer Lane, Basking Ridge, NJ 07920.

Program Title: TR Basketball Fee: \$

Last name: _____ First name: _____ Sibling?: Yes No

Address: _____

Town: _____ Zip: _____

Birth date: ____/____/____ Grade: ____ School child attends: _____

	Primary Guardian	Secondary Guardian
Name		
Home Phone #		
Work Phone #		
Cell Phone #		
Email		

Please provide information for an emergency contact (other than parent) we will always attempt to contact the parent/guardian first.

	Emergency Contact
Name	
Home Phone #	
Cell Phone #	

Medical, physical, behavioral, or mental health conditions we should be aware of:

I hereby give permission for my child to participate in this program and give permission to provide emergency care as necessary for the well being of my child until such time as I may be contacted. I give permission for those individuals listed on this form to pick-up/release my child from the program. I agree that the Bernards Township Recreation Department shall not be held liable in the event of accident or injury resulting from participation in this activity. I grant the Bernards Township Recreation Department the right to use any and all photographs of myself or my child participating in a Department sponsored activity for future media promotion. I certify that I have read and understand the Recreation Department's registration, refund and youth sports policies.

Parent/Guardian Signature: _____ Date: ____/____/____

For office use only: Cash _____ Ck. # _____ Received: _____