Intramural Sports Registration Form

Please print this form, complete it and return it to school. Thank you.

My child _____, has permission to participate in the Bernards Township Intramural Sports Program. I understand that I am responsible for providing transportation home at the end of each session. Pick-up is promptly at 4:30 p.m. I recognize that the fee for Intramurals is **$60.00 per season**. I will return this registration form by Tuesday, September 30th. Included please find my **check made payable to Cedar Hill School** in the amount of $60.00.

Please mark your preferred day below. Please note Grades 2&3 attend Monday and/or Thursday and Grades 4&5 Tuesday and/or Friday.

Grades 2&3	**Grades 4&5**	**Grades 2&3**	**Grades 4&5**
Monday _____	**Tuesday**_____	**Thursday**_____	**Friday**_____

Classroom Teacher_____ Grade Level _____

Parent/Guardian_____Date_____

Home phone number _____ Cell number_____

Email address _____

Medical/Health Issues that we should be aware of_____

_____

In the event of an emergency during Intramurals, please contact one of the following people during the hour of 3:30 p.m. to 4:30 p.m.

Please **print** the names and phone numbers.

Name_____ Phone #_____

Name_____ Phone #_____

Name_____ Phone #_____

Thank you,
Mr. Niall Caldwell – Intramural Sports Coordinator - ncaldwell@bernardsboe.com