

Teen Open Gym

Open to residents of Bernards Township in grades 9-12, the program will be supervised by a Bernards Township Recreation Gym Supervisor for pick-up games of basketball for both male and female participants. This program is a great opportunity to hone their skills for the upcoming basketball season.

Registration Begins: 08/24/2015, 8:30A

Teen Open Gym

Instructor: Gym Supervisor

Gender: Coed, Grade: 9-12

Ridge High Gym, 151 South Finley Avenue

Monday, Wednesday, September 14 - November 23, 2015; 7PM-8:30PM No Program 9/23

OPEN GYM POLICIES 1. Individuals must be registered before attending the program. If you register online after 4:00PM the day of a scheduled program, you must provide a printed online receipt to the gym supervisor. 2. 30+ Open Gym Basketball is for adults ages 30 and older. Adult Volleyball is for adults ages 18 and older. Teen Open Gym is for children currently attending high school. No one under these aforementioned ages is permitted to attend the programs. 3. Program start dates, end dates and no program dates are listed on the registration materials and online receipts.. Do not enter the school on dates the program is cancelled. If the program is cancelled for an unforeseen reason you will be notified via e-mail. 4. All participants must sign in at the start of each session. The gym supervisor will have a roster of all participants registered. 5. Do not arrive more than 15 minutes early to a session. All participants should be ready and exiting the building within 15 minutes after the end time. 7. Any issues occurring during the programs should be brought to the attention of the gym supervisor. 8. No food or drink is allowed in the gymnasium.

\$25 per resident, \$0 per non-resident of Bernards Township per session

Refunds, less a \$10 administrative fee per registrant, will only be processed if requested before 4:30 PM on September 14, 2015.

You must be registered with the Recreation Department prior to attending an activity. If your household is new, inactive, or missing pertinent information you will need to complete a Household Information Form before registering for an activity. Online Registration: Visit www.bernards.org. Call 908-204-3003 to request your User Name and Password. In-Person or Mail-In Registration: Complete the form below and return with check made payable to Bernards Township to Parks & Recreation, 1 Collyer Lane, Basking Ridge, NJ 07920

Bernards Township Parks & Recreation - YOUTH PROGRAM REGISTRATION FORM

Return completed registration form with payment to: 1 Collyer Lane, Basking Ridge, NJ 07920

Last name: _____ **First name:** _____ **Male or Female:** _____

| Program Title <i>You may register for up to 4 programs on one form for the same individual. Be sure to use the EXACT Activity Description as shown on the reverse side of registration form.</i> | Program Fee <i>Include a separate check, made payable to "Bernards Township" for each program.</i> | 2nd Choice <i>You have the option to list a second choice in the event the program you are registering for is full.</i> |
|--|--|--|
| <i>Example: Summer Tennis First Play Session I</i> | \$155 | <i>First Play Session II</i> |
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| | | |
| | | |

Address: _____

Town: _____ **Zip** _____

Height: ___ft___in (for Recreation Basketball Only) **Birth date:** ____/____/____

Current Grade (2014-15): _____ **School child attends:** _____

| | Primary Household Contact/Guardian | Secondary Household Contact/Guardian |
|----------------------------------|---|---|
| Name | | |
| Home Phone # | | |
| Work Phone # | | |
| Cell Phone # | | |
| Primary Household Email | | |
| Alternate Household Email | | |

Please provide information for two emergency contacts (other than parent) who are in close proximity to the program and can be reached during the program hours. We will always attempt to contact the parent/guardian first.

| | Emergency Contact #1 | Emergency Contact #2 |
|----------------|-----------------------------|-----------------------------|
| Name | | |
| Phone # | | |

Allergies: _____

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

VOLUNTEER INFORMATION
Basketball & Hockey

The Recreation Department needs volunteers to assist with certain sports programs.

The number of teams & participants we can accommodate depends on the number of volunteers. Refer to the program's description and our Youth Sports Coach/Coordinator policies for more information.

| | |
|--|-----------------|
| Volunteer's Name | |
| Who would you like to volunteer with (if applicable)? | |
| Were you previously background checked by BT REC? | YES / NO |
| Previously attended a Rutgers SAFETY clinic? | YES / NO |

As the Parent or Guardian of the participant in this program, I hereby give permission for my child/dependent to participate in this program and agree that this is a voluntary choice. I acknowledge that there are certain risks inherent in participation in this activity, and I agree to accept all of the consequences and assume the risks involved in participation. I give permission to the Township to provide emergency care as necessary for the well being of my child/dependent until such time as I may be contacted. I understand and acknowledge that Bernards Township is not responsible for any loss, damages or injury to any person or property for any reason associated with my child's/dependent's participation in this activity. In light of the above, I hereby agree to indemnify and hold harmless and release Bernards Township from any and all liability for any and all injuries my child/dependent may sustain as a result of participation in this activity. This includes, but is not limited to, responsibility for the payment of any and all doctor, medical or hospital bills resulting from any and all injuries to my child/dependent. I grant Bernards Township the right to use any and all photographs of myself or my child participating in a Department sponsored activity for future media promotion. I confirm that I have read and understand the Recreation Department's registration policies and procedures.

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