

Girls Softball Clinic

Pigtail Division (Grades K-1st)

This is a recreational, instructional program where the basic skills and fundamentals of softball are taught to participants. Each division will have the opportunity to scrimmage and experience game play amongst their age group.

Registration Begins: 02/23/2015, 8:30AM

Registration Ends: 06/10/2015, 4:30PM

Pigtail Division (Grades K-1st)

Instruction Provided By Branchburg Sports Complex

Gender: Female Only,

PVP SB #1, 3410 Valley Road

Wednesday, April 22 - June 10, 2015; 5:30PM-6:30PM

\$80 per resident, \$100 per non-resident of Bernards Township per session; add \$25.00 on/after 03/27/15.

Refunds, less a \$10 administrative fee per registrant, will only be processed if requested by April 10th 2015 by 4:00PM.

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

Girls Softball Clinic

Minor Division (Grades 2nd-3rd)

This is a recreational, instructional program where the basic skills and fundamentals of softball are taught to participants. Each division will have the opportunity to scrimmage and experience game play amongst their age group.

Registration Begins: 02/23/2015, 8:30AM

Registration Ends: 06/10/2015, 4:30PM

Minor Division (Grades 2nd-3rd)

Instructor Provided By Branchburg Sports Complex

Gender: Female Only

PVP SB #1, 3410 Valley Road

Wednesday, April 22 - June 10, 2015; 6:30PM-7:30PM

\$80 per resident, \$100 per non-resident of Bernards Township per session; add \$25.00 on/after 03/27/15

Refunds, less a \$10 administrative fee per registrant, will only be processed if requested by April 10th 2015 by 4:00PM

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

Girls Softball Clinic

Major Division (Grades 4th-5th)

This is a recreational, instructional program where the basic skills and fundamentals of softball are taught to participants. Each division will have the opportunity to scrimmage and experience game play amongst their age group.

Registration Begins: 02/23/2015, 8:30AM

Registration Ends: 06/11/2015, 4:30PM

Major Division (Grades 4th-5th)

Instructor Provided By Branchburg Sports Complex

Gender: Female Only

PVP SB #1, 3410 Valley Road

Thursday, April 23 - June 11, 2015; 6:00PM-7:30PM

\$110 per resident, \$130 per non-resident of Bernards Township per session; add \$25.00 on/after 03/27/15

Refunds, less a \$10 administrative fee per registrant, will only be processed if requested by April 10th 2015 by 4:00PM

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

Girls Softball Clinic

Senior Division (Grades 6th-9th)

This is a recreational, instructional program where the basic skills and fundamentals of softball are taught to participants. Each division will have the opportunity to scrimmage and experience game play amongst their age group.

Registration Begins: 02/23/2015, 8:30AM

Registration Ends: 06/11/2015, 4:30PM

Senior Division (Grades 6th-9th)

Instruction Provided By Branchburg Sports Complex

Gender: Female Only

PVP SB #1, 3410 Valley Road

Thursday, April 23 - June 11, 2015; 6:00PM-7:30PM

\$110 per resident, \$130 per non-resident of Bernards Township per session; add \$25.00 on/after 03/27/15

Refunds, less a \$10 administrative fee per registrant, will only be processed if requested by April 10t, 2015 by 4:00PM

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>	\$150	<i>First Play Session II</i>

Address: _____

Town: _____ **Zip** _____

Height: ___ ft ___ in **Birth date:** ___/___/___ **Grade:** ___ **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, Softball, & 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.

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