



Teen Open Gym

Monday & Wednesday

September 8 – November 12

7:00 – 8:30 PM



Ridge High School New Gymnasium

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.

\$25 per participant in grades 9-12, Residents of Bernards Township only.

Refunds, less a \$10 administrative fee per registrant, will only be processed if requested before 4:30 PM on September 5, 2014. There will be no refunds after this date.

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 Department of Parks & Recreation
908-204-3003



www.bernards.org

IMPORTANT!

In person and online registration for this program will begin **August 25th, at 8:30AM**. No registrations will be accepted before this date! Registrations dropped off before 8:30AM will be processed at the end of the day.



TEEN OPEN GYM 2014 - \$25 per participant

Last name: _____ First name: _____ Male or Female: _____
 Address: _____
 Town: _____ Zip: _____
 Height: ____ft ____in Birth date: ____/____/____ Grade: _____ School child attends: _____

	Father/Guardian	Mother/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	Medical, physical, behavioral, or mental health conditions we should be aware of:
Name		
Home Phone #		
Cell Phone #		

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: _____