

**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 20<sup>th</sup>, December 4<sup>th</sup>, 11<sup>th</sup>, & 18<sup>th</sup>



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](http://www.bernards.org).

**Registration:** \$15 per participant payable to "Bernards Township". Refunds are subject to a \$10 processing fee. Sorry, no refunds after 11/19/10

Registration forms must be received by November 19, 2010.

Bernards Township Parks and Recreation

908-204-3003

[www.bernards.org](http://www.bernards.org)



**SATURDAY MORNING BASKETBALL Nov/Dec 2010 - 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: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Sibling?: Yes No

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_ School child attends: \_\_\_\_\_

	Mother/Guardian	Father/Guardian
<b>Name</b>		
<b>Home Phone #</b>		
<b>Work Phone #</b>		
<b>Cell Phone #</b>		
<b>Email</b>		

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:
<b>Name</b>		
<b>Home Phone #</b>		
<b>Cell Phone #</b>		

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:** \_\_\_\_\_