



# Teen Open Gym

Mondays & Wednesdays  
September 13 – November 3, 2010  
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. You must register at the Bernards Township Recreation Office prior to attending, no exceptions!**

Refunds, less a \$10 administrative fee per registrant, will only be processed if requested before 4:30 PM on September 13, 2010. There will be no refunds given after September 13<sup>th</sup>.

To register, complete the form below and mail with check made payable to “Bernards Township” to:  
Bernards Township Recreation “Teen Open Gym”  
1 Collyer Lane  
Basking Ridge, NJ 07920

Recreation program schedule subject to change due to scheduled school programs and inclement weather.

Bernards Township Department of Parks & Recreation

908-204-3003

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



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### TEEN OPEN GYM 2010 - \$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 # |                   |   |

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, youth sports and volunteer coach/coordinator policies.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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