

Labor Day Children's Bicycle Races

Sponsored by the Bernards Township Parks and Recreation Department

MONDAY, SEPTEMBER 7, 2015

RACES BEGIN AT 12:00PM

Rain/cancellation notices will be posted on www.bernards.org.

Pre-Registration is REQUIRED for this FREE event

Online registration will be available through 10AM on September 7th.

In-person or mail-in registration must be received by 4:30PM on September 4th.

About the Race: All races will be a straight sprint on South Finley Avenue. NO Balance Bikes! NO Tricycles! NO Push Bikes! All riders are REQUIRED to wear bicycle helmets. All bicycles must pass a safety check at the starting line before each heat. Bicycles may have multiple gears and any wheel diameter. Boys & girls will be grouped separately in the following categories:

Bicycle Sprints with Training Wheels: Ages 3 & 4; Ages 5 & 6

Bicycle Sprints: Ages 3 & 4; Ages 5 & 6; Ages 7 & 8; Ages 9 & 10; Ages 11 & 12

Race Day Check-in: Parks and Recreation staff will be on site beginning at 11:15am. The check-in table will be located on Finley Ave, between Lewis and Henry Street. Please visit the check-in table to receive an approved hand stamp.

Line up starting at 11:45AM: Look for the Age Category signs on Finley Ave, between Lewis & Henry Street. The finish line is Lewis Street. Restrooms are located in the municipal parking lot near Liberty Cycle. Parking is available in the municipal parking lots on South Maple Avenue, the Bernards Township Library and Oak Street School.

Pre-Registration is REQUIRED for this FREE event

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 to Bernards Township 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	First Play Session II

Address: _____

Town: _____ **Zip** _____

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

Current Grade (2015-16): _____ **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.

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