



**Bernards Parents for Exceptional Children and
Bernards Township Recreation present:
Saturday Morning Ant Hockey
For Children with Special Needs in PreK - 3rd grade**



Winter Ant Hockey

Cedar Hill School Gymnasium

Pre-K & Kindergarten play at 9:00 am

1st, 2nd & 3rd Graders play at 9:30 am

Saturdays: January 15th, 22nd, 29th & February 5th

In this indoor co-ed floor hockey league, players will be placed on teams and taught basic skills, game safety and sportsmanship.

Players use a soft Nerf-ended floor hockey stick and foam ball.

**PROGRAM IS LIMITED TO
TEN PRE-K & KINDERGARTENERS & TEN 1ST, 2ND & 3RD GRADERS
FIRST COME/FIRST SERVED.**

The Recreation Department will furnish all equipment; t-shirts will be distributed to all participants on January 15th. Players should wear sneakers and comfortable clothing (No skates!)

Participant Eligibility: All classified students are eligible for this program, Bernards Township residents only. Registration forms must be downloaded from www.bernards.org.

Registration: \$15 per participant payable to "Bernards Township". Refunds are subject to a \$10 processing fee. Sorry, no refunds after 1/14/11.

Registration forms must be received by January 14, 2011.

Bernards Township Recreation

www.bernards.org

908-204-3003

THERAPUETIC RECREATION ANT HOCKEY Winter 2011

Complete one form per child. Return with check payable to "Bernards Township" to:
Bernards Township Recreation "TR", 1 Collyer Lane, Basking Ridge, NJ 07920.

Last name: _____ First name: _____
Address: _____
Town: _____ Zip: _____
Birth date: ____/____/____ Grade: ____ School child attends: _____

	Mother/Guardian	Father/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 and youth sports policies.

Parent/Guardian Signature: _____ Date: ____/____/____

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