New Brunswick Recreation Winter Indoor Tennis

Tuesday OR Wednesday Youth Sessions*

9U: 6:00-7:30pm

12U: 7:30-9:00pm

**Session 1 starts on November 1, 2017 and ends on December 20, 2017*

** Session 2 starts on January 30, 2018 and ends on March 14, 2018*

2017 Winter Tennis will be played at

Redshaw Elementary School

216 Livingston Avenue

- **Students will learn how to play the game of Tennis focusing on:**
  - **Athletic development**
  - **Fundamental techniques and basic skills**
  - **Mental and emotional development**
  - **Sanctioned competitive play formats**

2017/2018 REGISTRATION FORM

NAME_____DOB_____AGE_____

PARENTS NAMES_____

ADDRESS_____APT#/BLDG#_____

CITY_____STATE_____ZIP_____

PHONE_____PHONE (cell) _____

EMAIL:_____

Circle One:

Male

Female

I give permission to my son/daughter to participate in the sport league indicated on this registration form. I understand that it is my responsibility to provide transportation for my son/daughter to and from the event location. I also understand that it is my responsibility to remain at the site during the program. I further understand that there will be no refunds given after the final registration date occurs.

Registration is now open! $50 per session for the first child

($30 each additional child from same family)

You can register Monday thru Friday 9am-5pm at the Hub Recreation Center located at 411 Joyce Kilmer Ave. For further information, please call our office at 732-745-5125 or visit our website at www.cityofnewbrunswick.org

PARENTS SIGNATURE_____DATE_____

PLEASE SUBMIT THIS REGISTRATION FORM AND BIRTH CERTIFICATE TO NEW BRUNSWICK RECREATION or MAIL TO: 411 JOYCE KILMER AVE, NEW BRUNSWICK, NJ 08901. MAKE CHECKS or MONEY ORDERS PAYABLE TO "**NEW BRUNSWICK RECREATION TRUST**". **PROOF OF AGE REQUIRED!!!** NO REFUNDS WILL BE GIVEN.

BIRTH CERTIFICATE REQUIRED

Paid: Check #_____ Money Order #_____DATE: _____ STAFF _____

New Brunswick Recreation
Fitness Assessment Questionnaire

Date: _____

Name: _____

Birth Date: _____ Age: _____ Sex: Male____ Female____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Emergency Contact Name: _____ Telephone Number: _____

Has your child ever experienced any of the following?

• Accidents, broken bones	YES ☐	NO ☐
• Allergies	YES ☐	NO ☐
• Asthma	YES ☐	NO ☐
• Anemia, or bleeding problems	YES ☐	NO ☐
• Bladder or kidney problems	YES ☐	NO ☐
• Growth problems	YES ☐	NO ☐
• Depression, abuse concerns, behavior problems	YES ☐	NO ☐
• Heart problems, murmur, etc.	YES ☐	NO ☐
• Gastrointestinal problems: frequent upset stomach, diarrhea	YES ☐	NO ☐
• Lung problems: pneumonia, asthma, etc.	YES ☐	NO ☐
• Neurological: seizures	YES ☐	NO ☐
• Developmental or learning disabilities	YES ☐	NO ☐
• Cerebral palsy	YES ☐	NO ☐
• Headaches	YES ☐	NO ☐
• Skin problems	YES ☐	NO ☐
• Tuberculosis (or positive skin test)	YES ☐	NO ☐

MEDICATIONS: _____

Are his/her immunizations up to date? Yes No

The information I have provided on this questionnaire is accurate to the best of my knowledge. I understand that after New Brunswick Recreation review; I may be required to obtain clearance by an MD for my child before they can participate.

_____ _____
Signature Date

Paid: Check #_____ Money Order #_____DATE: _____ STAFF _____