



New Brunswick Recreation Fall Tennis

Youth Beginner/Adv. Beginner Classes

8 and Under: Tuesdays or Wednesdays 4:00-5:00pm (\$40)

12 and Under: Tuesdays or Wednesdays 5:00-6:00pm (\$40)

Youth Beginner Leagues: Saturdays 4:00-5:30pm (\$60)

Teen Beginner/Adv. Beginner Classes

Ages 13-17: Wednesdays 6:00-7:30pm (\$60)

Saturdays 5:30-7:00pm (\$60)

Adult Beginner/Adv. Beginner Classes

Ages 18+: Tuesdays 6:30-8:00pm (\$112)

Program Schedule

- ❖ **Classes start on Tuesday, September 20 for 5 weeks**
- ❖ **Leagues start on Saturday, September 24 with the last day on Sunday, October 23**

**2016 Fall Tennis will be played at
Bucleuch Park.**

Advanced programs for youth and adults are available

Registration is now open! (Half price only for 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

2016 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.

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 <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Allergies | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Asthma | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Anemia, or bleeding problems | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Bladder or kidney problems | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Growth problems | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Depression, abuse concerns, behavior problems | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Heart problems, murmur, etc. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Gastrointestinal problems: frequent upset stomach, diarrhea | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Lung problems: pneumonia, asthma, etc. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Neurological: seizures | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Developmental or learning disabilities | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Cerebral palsy | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Headaches | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Skin problems | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Tuberculosis (or positive skin test) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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 _____