



# New Brunswick Recreation Summer 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, July 12 for 5 weeks
- ❖ Leagues start on Saturday, July 16 with the last day on Sunday, August 21

**2016 Summer Tennis will be played at Buccleuch 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](http://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 \_\_\_\_\_