



Rutgers S.A.F.E.T.Y. Clinic

Monday, March 19th, 2018

6:30PM – 9:30PM

Town Hall, Warren Craft Meeting Room (Courtroom)

1 Collyer Lane, Basking Ridge

Bernards Township Parks and Recreation offers the Rutgers SAFETY Clinic twice a year, typically in March and November. You must be present for the entire 3-hour course in order to receive credit for completion. All coaches for sports organizations that use Township fields are required to complete this clinic. For more information on this course, visit www.youthsports.rutgers.edu.

Residents:

Residents of Bernards Township affiliated with a Township Youth Sports Organization may register for the clinic at no charge. Please indicate on the registration form below the organization you are planning to coach with.

Non-Residents:

Non-Residents affiliated with a Bernards Township serving Youth Sports Organization may register for the clinic for a fee of \$35.00 to cover the cost of materials. Refunds, less a \$10 administrative fee per registrant, will only be processed if requested 7 days prior to the date of the clinic.

You must be registered with the Recreation Department by March 16, 2018.

To register, complete the form below and mail to:
Bernards Township Recreation "Rutgers SAFETY Clinic"
1 Collyer Lane
Basking Ridge, NJ 07920

Non-Residents must include a check made payable to "Bernards Township" for \$35.00.

Recreation program schedule subject to change due to conflicts and inclement weather.

Bernards Township Department of Parks & Recreation 908-204-3003 www.bernards.org



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March 19, 2018

6:30 PM - 9:30 PM

Name: _____

Phone #: (____) _____

Address: _____

If you do not have an existing account with Parks & Recreation, include a copy of your driver's license for proof of residency with your registration. Non-Resident registrants must include a check for \$35.00 payable to "Bernards Township"

Email: _____ Organization you are affiliated with: _____

As the participant in this program, I 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 my well being until such time as a designated emergency contact may be reached. 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 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 I 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 me. I grant Bernards Township the right to use any and all photographs of myself 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: _____