

**Bedminster Township Recreation**

# **Spring Soccer Clinics**

**with USA Sport Group**

Keep your skills sharp over the spring! Train twice a week on Tuesdays and Thursdays with USA professional soccer coaches at Burnt Mills Park, 1850 Burnt Mills Road, Bedminster. Participants will practice on Tuesdays for one hour, working through USA's developmental curriculum that has been expertly tailored to help players improve their ball control, receiving, turns, shooting and decision making. During Thursdays session, payers will break into teams and play 3v3 scrimmages for the duration of the program. The professional coaches will look for an understanding of the topic of the week. Please send your child with sneakers/ cleats, shin guards and plenty of water.

## **Registration Ends Friday, April 14**

Grades	Days	Dates	Time	Location	Fee
K & 1st	Tue & Thu	4/18, 4/20, 4/25, 4/27, 5/2, 5/4 5/9, 5/11, 5/16, 5/18, 5/23, 5/25	4pm to 5pm	Burnt Mills Park 1850 Burnt Mills Rd, Bedminster	\$220
2nd & 3rd	Tue & Thu	4/18, 4/20, 4/25, 4/27, 5/2, 5/4 5/9, 5/11, 5/16, 5/18, 5/23, 5/25	5pm to 6pm	Burnt Mills Park 1850 Burnt Mills Rd, Bedminster	\$220
4th - 6th	Tue & Thu	4/18, 4/20, 4/25, 4/27, 5/2, 5/4 5/9, 5/11, 5/16, 5/18, 5/23, 5/25	6pm to 7pm	Burnt Mills Park 1850 Burnt Mills Rd, Bedminster	\$220

**Register online at:**

**<https://register.communitypass.net/Bedminster>**

Bedminster Township Recreation Department  
One Miller Lane  
Bedminster, NJ 07921  
Telephone: (908) 212-7014  
[www.bedminster.us](http://www.bedminster.us)

# 2023 Spring Registration Form

## 1. PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Grade : \_\_\_\_\_ D.O.B: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_

Complete Address: \_\_\_\_\_

## 2. PARENT / GUARDIAN CONTACT INFORMATION

Mother/Guardian : \_\_\_\_\_ Email : \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Email : \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## 3. EMERGENCY CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

## 4. MEDICAL INFORMATION

- Does this person have asthma, allergies, or any other medical conditions we should know about in order to be able to assist your child?: \_\_\_\_\_  
\_\_\_\_\_
- Does your child carry/use an epinephrine pen/kit: \_\_\_\_\_
- Is this person on medication during the program and is he/she able to self medicate? Please explain and list medications needed during program hours or in the event an emergency presents itself: \_\_\_\_\_  
\_\_\_\_\_

## 5. SPECIAL ACCOMODATIONS \*\*\*THREE (3) WEEKS NOTICE REQUIRED\*\*\*

Bedminster Recreation welcomes individuals with disabilities to participate in all recreation programs and activities. In accordance with the American with Disabilities Act (ADA) please describe below any accommodations needed for you or your child's enjoyment of this program. A staff member will contact you for more information: \_\_\_\_\_  
\_\_\_\_\_

# 2023 Spring Registration Form (continued)

## 6. BEDMINSTER TOWNSHIP PHOTO RELEASE

\_\_\_\_\_ I GRANT \_\_\_\_\_ I DO NOT GRANT PERMISSION to the Township of Bedminster and/or the Media to photograph my child while participating in Township recreation programs or functions my child is participating in for publicity and/or promotional purposes.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## 7. EMERGENCY TREATMENT PROCEDURES & AUTHORIZATION

In the event of a serious, or potentially serious, medical emergency, the local Rescue Squad will be contacted and will transport the injured to the nearest hospital. If a minor, the minor will be accompanied by an adult staff member. 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 maybe contacted. I agree that Bedminster Township Recreation Department shall not be held liable in the event of accident or injury resulting from participation in this activity. Once treatment has been provided and I cannot be contacted, I grant permission to the hospital or medical provider to release the child to the care of an adult staff member. I certify that I have read and understand the emergency treatment procedures, the program's policies and the Recreation Department's registration and refund policies. This medical history is correct and complete to the best of my knowledge.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## 8. HOLD HARMLESS AGREEMENT

As the parent or legal guardian of a participant in the Bedminster Township Recreation Program, I acknowledge this to be a voluntary activity. I acknowledge that there are certain risks inherent in my child's participation in this activity, and I agree to accept all of the consequences of-and assume the risks involved in-my child's participation. I understand and acknowledge that Bedminster Township is not responsible for any loss, damages or injury to any person or property for any reason associated with my child's participation in this activity. In light of the above, I hereby agree to indemnify and hold harmless and release Bedminster Township from any and all liability for any and all injuries my child may sustain as a result of my child's participation in this activity.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## 9. AFTERCARE

Will your child attend aftercare after the afterschool enrichment program held at Bedminster School ends for the day? **This is only for afterschool enrichment programs held at Bedminster School immediately following the school day.**

Yes \_\_\_\_\_

No \_\_\_\_\_