

## Bedminster Township Recreation

# WINTER



**KANGAROO**  
YOUTH GYMNASTICS *Kidz*

Join us for Winter Kangarooz Kidz! We are offering three different sessions of *Kangaroo Kidz* gymnastics program for Pre-Schoolers (Ages 2 ½ to 5), Ages 5 to 7, and Ages 7+. All classes will be held in the downstairs multipurpose room of the Clarence Dillon Library located at 2336 Lamington Road in Bedminster. **Please note, there is no pro-rating if a class is missed.**

The program focuses on teaching skills in a positive way so your child leaves the class more confident and willing to try new things. *Kangaroo Kidz* challenges participants physically while giving them the opportunity to increase self-esteem by putting them in situation that set them up for success. All *Kangaroo Kidz* staff are USGA, Kinder, CPR & First Aid certified.

**KIDZ Pre-School** program teaches gross motor skills, on all the events including the bars, vault, balance beam, and the floor exercise. **KIDZ Pre-School** is offered on Tuesday mornings from 10:15 to 11 am, for 12 weeks at the cost of \$175. Parents must remain at the Library during class times.

**Kidz Session 1** will be for children ages 5 to 7 on Mondays from 4-5 pm, and **Kidz Session 2** will be for children ages 7+ on Mondays from 5-6 pm. The cost for the 10 weeks is \$160 per child.

Session	Age	Day	Date	Time	Fee
Pre-School	Ages 2 ½ to 5	Tuesdays	January 3, 10, 17, 24, 31 February 7, 14, 21, 28 March 7, 14, 21	10:15 – 11 am	\$175
<b>KIDZ Session 1</b>	Ages 5-7	Mondays	January 9, 23, 30 February 6, 13, 27 March 6, 13, 20, 27	4-5 pm	\$160
<b>KIDZ Session 2</b>	Ages 7 +	Mondays	January 9, 23, 30 February 6, 13, 27 March 6, 13, 20, 27	5-6 pm	\$160

Return attached registration form with check payable to “Bedminster Recreation” or register online with credit card at [www.bedminster.us](http://www.bedminster.us) by Monday, December 19, 2016.



Bedminster Township Recreation Department  
One Miller Lane, Bedminster, NJ 07921  
Telephone: (908) 212-7014  
Fax (908) 212-7001  
[www.bedminster.us](http://www.bedminster.us)



**Registration Form Attached**



# Bedminster Township Recreation WINTER CLASSES

Name \_\_\_\_\_ Age as of \_\_\_\_\_  
Grade \_\_\_\_\_ January 1, 2017 \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_

## 1. Hold Harmless (Parent or Guardian Signature Required)

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 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 \_\_\_\_\_

## 2. Allergies/Medications/Special Needs/Accommodations

- **Allergies/Medical Conditions** Does your child have asthma, allergies, disabilities (neurological conditions, physical) or any other medical conditions we should know about in order to be able to assist your child? \_\_\_\_\_
- **Epinephrine Auto-Injectors** \_\_\_\_\_ (✓) Check here if your child requires the use of an epinephrine auto-injector device.
- **Medications** Is your child 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. \_\_\_\_\_
- **Special Needs/Accommodations** We welcome individuals with disabilities to participate in all recreation programs and activities. In accordance with the Americans 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. \_\_\_\_\_

## 3. 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 \_\_\_\_\_

(✓) Check Session	Session	Dates	Day	Time	Fee	Amount Paid
	Pre-School KIDZ – Ages 2 ½ to 5	January 3, 10, 17, 24, 31 February 7, 14, 21, 28 March 7, 14, 21	Tuesdays	10:15 – 11 am	\$175	
	KANGAROO KIDZ 1 – Ages 5-7	January 9, 23, 30 February 6, 13, 27 March 6, 13, 20, 27	Mondays	4-5 pm	\$160	
	KANGAROO KIDZ 2 – Ages 7+	January 9, 23, 30 February 6, 13, 27 March 6, 13, 20, 27	Mondays	5-6 pm	\$160	
					<b>TOTAL</b>	

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