

BOROUGH OF MORRIS PLAINS SPRING RECREATION PROGRAMS 2009

Student's Name _____

Address _____

Cell Phone _____ Home Phone _____

E-Mail _____

Date and Time	Class	Class Fee	Total
2/23 – 5/18 8:00PM-9:00PM	Tai Chi with Gary Carbone Minimum: 6 Maximum: 20 Monday Evenings	\$ 109.00	\$
3/12, 4/2, 4/30, 6/4 6:30PM – 7:30PM	Cooking with Kids Maximum: 8 Thursday Evenings Grade 1 to age 10	\$ 20.00 per session	\$
2/24 – 5/19 7:30PM-8:30PM	Yoga with Peg Clark Minimum: 5 Tuesday Evenings	\$ 109.00	\$
2/25 – 5/20 9:30AM-10:30AM	Pilates with Val Shandlay Minimum: 5 Wednesday Mornings	\$ 109.00	\$
2/25 – 5/20 7:30PM-8:30PM	Zumba with Alison Jackson Minimum: 6 Wednesday Evenings	\$ 109.00	\$
2/26 – 5/21 7:00PM-8:00PM	Adult Tap Dance with Deann Carroll Minimum: 4 Thursday Evening	\$ 109.00	\$
Every Wednesday 7:00PM-9:00PM	Adult Knitting with Kay Johnston Morris Plains Community Center Office Wednesday Evenings	No Fee	
Monthly 7:00PM-9:00PM	Morris Plains Book Discussion Group with Charlott Lamm Last Wednesday of the month	No Fee	
2/24 – 3/31 11:50AM-12:50PM	Children's Yoga with Ms. Romanna Minimum: 5 Tuesday Mornings	\$ 53.00	
2/26 – 5/21 10:30AM-11:30AM	Adult Beginner Vinyasa Yoga with Romanna Minimum: 5 Thursday Mornings	\$ 109.00	
Beginning 1/15 1:00PM-3:00PM	Senior Bingo Alternating Thursdays Thursday Afternoons	No Fee	
5/11 – 6/15 4:00PM-9PM	Tennis with Jeff Brandes Please see Tennis Flyer for more information Monday Afternoons/Evenings	\$94. - \$115.	
4/6-4/9 9AM-1PM	"MULTI SPORTS CAMP" Please see separate flyer/registration forms Week of Spring Break	\$135.00	
4/23-5/28 9:30AM-10:30AM	"SPORTS SQUIRTS" Please see separate flyer/registration forms Thursday Mornings	\$115.00	

By completing this form, your e-mail address is placed on a list with your permission to receive important class information only.

I hereby release any claims I may have for myself and/or my child (ward) against the Borough of Morris Plains, its employees and volunteers for any injury that may occur during this activity

Signature _____

Date _____

Please remember to fill out the Emergency Medical Information and return with your form. REGISTRATION FOR CLASSES MUST BE MADE AT LEAST TEN DAYS BEFORE THE FIRST CLASS BEGINS!

Refunds only issued when class is cancelled by MP Recreation

**EMERGENCY MEDICAL INFORMATION
(Children Only)**

Students Name _____ Birth Date _____

Address _____ Home Phone _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

IN CASE OF ILLNESS, PLEASE LIST NAMES AND TELEPHONE NUMBERS TO BE CALLED IN EMERGENCY IF PARENT
CANNOT BE REACHED

Name	Address	Phone
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Name	Address	Phone
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In the event of an emergency and I cannot be reached, I give my permission for my son/daughter to be given immediate medical care at a hospital or other medical/dental facility

Doctor's Name _____ **Phone** _____

Date _____ **Parent/Guardian** _____

TO BE COMPLETED BY PARENT:

Medical/Orthopedic/Emotional Conditions _____

Explain _____

Allergies _____

Medication taken daily _____

Other comments _____

Date of last physical _____

Signature of Parent/Guardian _____

_____ Date

THIS FORM MAY BE SHARED WITH THE INSTRUCTOR