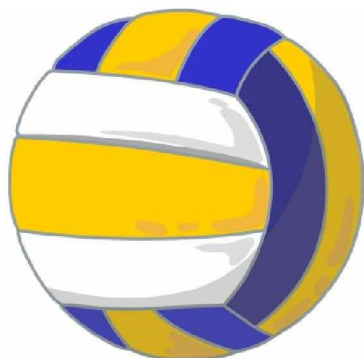


# Adult Volleyball

The Bridgewater Recreation Department will be offering an adult volleyball program for Bridgewater-Raritan adult (18 & older) residents. Men and women are invited to join this growing volleyball program. All games will be played at Bridgewater-Raritan Middle School. An evening of fun and fitness for players with basic skills and sound knowledge of the game. Players must know how to bump and set (no lifts or carries). Emphasis is on team play. Two courts will be utilized. No shirts will be issued, teams will mix and match players week by week!



Thursdays from 9pm to 10:30pm:  
 October 6, 13, 20, 27, November 3, 10, 17, 24, December 1, 8, 15, 22, 2011,  
 January 5, 12, 19, 26, February 2, 9, 16, 23, March 1, 8, 15, 22, 29, April 5, 12, 19, 26,  
 May 3, 10, 17, 24, 31, June 7 & 14, 2012  
 All dates and times are tentative pending permits.  
 There will be no make-ups due to cancellations.

Cost: \$80.00 Bridgewater Residents \$85.00 Raritan residents.  
 Checks made payable to "Bridgewater Township."

## Registration Deadline: Monday, October 3, 2011

by 5:00pm at the Bridgewater Recreation Department. Registration received after 5pm on Monday, October 3<sup>rd</sup> will be considered late and there is a \$20.00 late registration fee

Three ways to register! In person at the Bridgewater Recreation Department (100 Commons Way) 9am to 5pm Monday to Thursday 8am to 5pm Friday, drop registration off in the "REC" mailbox before or after office hours, or via postal service.

Bridgewater Recreation Department 100 Commons Way – Bridgewater, NJ 08807  
 (908) 725-6373 office hours 9am to 5pm Monday to Thursday 8am to 5pm Friday www.bridgewaternj.gov

" ===== "

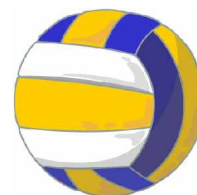
### 2011-2012 Adult Volleyball

\$80.00 Bridgewater Residents / \$90.00 Raritan Residents  
 Checks payable to "Bridgewater Township"

Last Name: _____	First Name: _____	Circle Gender: Male or Female
Mailing Address: _____	Town: _____	Zip: _____
Home Phone #: (    ) _____	Participant Work #: (    ) _____	
Participant Cell #: (    ) _____	Participant E-mail Address: _____	

If participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations.  
 ® Yes, I will need to be notified regarding special considerations.

This is a contact sport. Injuries may occur. Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information. A ten dollar administrative fee will be collected from any refund(s) requested by participants for Bridgewater Township Recreation programs in which fees are payable to Bridgewater Township. If the Department is refunding participants due to a program cancellation then an administrative fee will not be collected. In the case of multiple children from the same household requesting a refund on the same date – there will only be one ten dollar administrative fee charged.



\_\_\_\_\_  
 Participant Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

Bridgewater Recreation Department 100 Commons Way – Bridgewater, NJ 08807  
 (908) 725-6373 office hours 9am to 5pm Monday to Thursday 8am to 5pm Friday www.bridgewaternj.gov