



# Winter Football Training

Attention all Football players in 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grade! The Bridgewater Recreation Department along with BRHS Varsity Head Coach Scott Bray and his staff invite you to join our Winter Football Training program. The training will be held at Basilone Field (BRHS) on Sundays from 1:30 p.m. to 3:00 p.m. (If weather necessitates, program will move indoors to the BRHS gymnasium). This program will help those players who are serious about competing at the High School level - coaching will focus on specific positions, skills and techniques to best prepare the player who is looking to enhance his performance.

**For:** Bridgewater & Raritan resident players in grades 5 - 7

**Dates** - Sundays, January 6, 13, 20, 27, February 3, 2019 (*makeup date February 10 if needed*)

**Time** - 1:30 p.m. - 3:00 p.m.

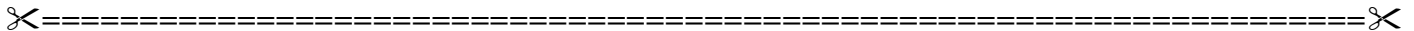
**Cost** - \$100 per participant; checks payable to "Gridiron, Inc." (sorry, no cash payments accepted)

**Registration Deadline: Friday, December 28, 2018**

**Registration:** Space is limited; registration is based on first come, first served basis at the Bridgewater Recreation Department. **Three ways to register!** In person at the Bridgewater Recreation Department (Municipal Complex - 100 Commons Way) 9am to 5pm Monday to Thursday, 8am to 5pm Friday, drop registration off in the Recreation mail slot before or after office hours, or via postal service.

In the event of inclement weather please visit the Township Website at [www.bridgewaternj.gov](http://www.bridgewaternj.gov) or call the Code-A-Phone at 908-526-7107 for cancellations.

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](http://www.bridgewaternj.gov)



**Winter Football Training 2019**

Payment Amount: ☐ \$100.00 payable to "Gridiron, Inc." Check #: \_\_\_\_\_

Last Name (Participant's)	First Name	Grade (2018-19 School Year)
---------------------------	------------	-----------------------------

Mailing Address	Town	State	Zip
-----------------	------	-------	-----

Home #	Parent Cell #	Email Address (mandatory - program information will be sent via email)
--------	---------------	--

If the participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable modifications.

\_\_\_Yes, I will need to be contacted regarding special considerations for my child.

*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.*



\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent Signature Date