

# Advanced Skill Adult Volleyball

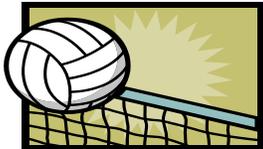
## FALL 2016

The Bridgewater Recreation Department will be offering an eight-week, advanced skill, adult volleyball program for adults (18 & older). Men and women are invited to join! **Solid Experience necessary!** All games will be played at Bridgewater-Raritan High School. No shirts will be issued, teams will mix and match players each week! **Players are expected to possess advanced skills and strong knowledge of the game.**

**Thursdays:**

September 22, 29, October 6, 13, 20, 27, November 3 & 17, 2016 - 7:30pm to 10pm  
No volleyball on November 10<sup>th</sup>

All dates and times are tentative pending permits. There will be no make-ups due to cancellations.



**Cost:** \$25 for Bridgewater Residents / \$35 for Raritan Residents  
\$65 for Non-Bridgewater-Raritan Residents  
Checks made payable to "Bridgewater Township."

**Registration Deadline: Monday, September 19, 2016**

by 5:00pm at the Bridgewater Recreation Department. Registration received after 5pm on Monday, September 19<sup>th</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](http://www.bridgewaternj.gov)

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**2016 Fall Advanced Skill Adult Volleyball**

\$25.00 Bridgewater Residents / \$35.00 Raritan Residents  
\$65.00 Non-Bridgewater-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 each individual have insurance before participating. 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 family members from the same household requesting a refund on the same date – there will only be one ten dollar administrative fee charged.

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

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

