



**Township of Cedar Grove  
Recreation Department**  
525 Pompton Ave. Cedar Grove, NJ 07009  
(973) 239-1410 x220

## Cedar Grove Spring Track

**FOR CANCELLATIONS DUE TO INCLEMENT WEATHER;  
“LIKE” US ON FACEBOOK, [www.facebook.com/cedargroverec](http://www.facebook.com/cedargroverec) or  
“FOLLOW” US ON TWITTER, @CedarGroveRec or call #973-230-9944**

- **Who:** Boys & Girls 1<sup>th</sup>-8<sup>th</sup> grade (1-3 grades will be clinic only)
- **Where:** Panther Park – Bradford Ave., Cedar Grove
- **When:** All practices will begin March 25<sup>th</sup> (last meet first week of June)  
1<sup>st</sup>-3<sup>rd</sup> grade; Mondays  
4<sup>th</sup>-8<sup>th</sup> grade; Mondays & Thursdays
- **Time:** 5:00-6:00pm
- **Fee:** 1<sup>st</sup>-3<sup>rd</sup> grade: \$40.00 - - 4<sup>th</sup>-8<sup>th</sup> grade: \$90.00  
**LATE FEE** of \$10 after 3/8/19 – **NO REFUNDS ISSUED AFTER 3/8 DEADLINE** March 18<sup>th</sup> No Exceptions  
This DEADLINE is created to get a count for t-shirts and is final.  
**MAKE CHECKS PAYABLE TO TOWNSHIP OF CEDAR GROVE**

**Description:** Participants will train for various field events including; running, long jump and turbo javelin. The 4<sup>th</sup>-8<sup>th</sup> grade team will compete in meets with surrounding townships.

### Spring Track – 2019

NAME \_\_\_\_\_ ADRESS \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_ MALE/FEMALE (circle)

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT # \_\_\_\_\_

EMAIL \_\_\_\_\_

Does your child have any health conditions/allergies that the coaches should be aware of? If so, please explain. \_\_\_\_\_

**TSHIRT SIZE (circle) Youth or Adult (circle) S M L**

I will not hold Cedar Grove Township, Cedar Grove Recreation or any of their representatives responsible for any loss or injury I may incur while playing or practicing. I am in good health and able to participate without restriction. I also authorize Cedar Grove Recreation Department personnel/coaches to contact appropriate emergency personnel, should I need medical assistance. In conjunction with the child's participation in the recreation program, the Township may make or arrange to make certain images of a child or children participating in such activities, such as still photographs, video tapes or other recorded moving images. I consent to, give permission for and authorize the Township to use the images of the child.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PARENTAL ASSISTANCE: I am interested in helping with; Help at Meets \_\_\_ Coaching \_\_\_ Sponsorship \_\_\_**  
NAME \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

**\$40/\$90**