

# Summer Recreation Registration Form

Monmouth Beach Arts, Crafts & Sports Camp

June 28 – July 9

Ages 4-5

11:00 – 12:30pm

Monday thru Friday

Camp will be held at Griffin Street Park

By the Gazebo

The registration fee is \$50.00 per child

Deadline for return is June 11, 2010

A \$20.00 late fee will be added after this date

Return form and fee to:

Mrs. Heath

22 Beach Road

Boro Hall

Checks must be made out to the

Monmouth Beach Recreation Department

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Grade/Sept. 10 \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ School Attending \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Email address \_\_\_\_\_

Does your child have any allergies or medical conditions that should be known?

\_\_\_\_\_  
\_\_\_\_\_

I hereby give my permission for my daughter/son to participate in the Monmouth Beach Recreation Commission's 2010 Arts, Crafts, and Sports camp. I also give my permission for my child, in the event of an injury or illness to be given emergency treatment at a local hospital.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Summer Recreation Registration Form

Monmouth Beach Arts, Crafts & Sports Camp

June 28 – July 23

Ages 6-10

9:00 - 11:00am

Monday thru Friday

Camp will be held at Griffin Street Park

By the Gazebo

The registration fee is \$100.00 per child

Deadline for return is June 11, 2010

A \$20.00 late fee will be added after this date

Return form and fee to:

Mrs. Heath

22 Beach Road

Boro Hall

Checks must be made out to the

Monmouth Beach Recreation Department

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Grade/Sept. 10 \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ School Attending \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Email address \_\_\_\_\_

Does your child have any allergies or medical conditions that should be known?

\_\_\_\_\_

I hereby give my permission for my daughter/son to participate in the Monmouth Beach Recreation Commission's 2010 Arts, Crafts, and Sports camp. I also give my permission for my child, in the event of an injury or illness to be given emergency treatment at a local hospital.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MONMOUTH BEACH RECREATION  
2010 SOCCER PROGRAM  
RETURN BY FRIDAY, JULY 2, 2010**

Dear Parents,

Please complete this form to enroll your child in the 2010 Fall Soccer Program. Children **MUST** be in first through eighth grade during the 2010-2011 school year to enroll. Teams will be filled on a first come first serve basis. Preferred team size is 15 players. **LATE REGISTRANTS WILL BE PLACED ON A WAITING LIST AND ASSESSED A \$20 LATE FEE.**

Once teams are selected, late registrants will be placed on teams **only if** such addition will ensure continued balance in that division. This policy will be enforced by the Commission and emphasized during the draft.

The registration fee is \$30.00. Please make checks payable to Monmouth Beach Recreation Commission and mail with registration form to:

**Soccer Program  
22 Beach Road  
Monmouth Beach, NJ 07750**

Coaches will phone team members in August regarding the start of soccer practice. The season will begin in early September.

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Grade/Sept. 10 \_\_\_\_\_  
(must be 1<sup>st</sup> – 8<sup>th</sup>)

Address \_\_\_\_\_ Phone \_\_\_\_\_ School Attending \_\_\_\_\_  
(optional)

Parent's Name \_\_\_\_\_ Email address \_\_\_\_\_

Does your child have any allergies or medical conditions that should be known by the coach?

I hereby give my permission for my daughter/son to participate in the Monmouth Beach Recreation Commission's 2010 Soccer Program. I also give my permission for my child, in the event of an injury or illness to be given emergency treatment at a local hospital.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

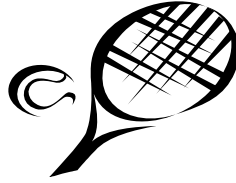
The Recreation Commission encourages parental support to ensure the success of the program. Please indicate if you are available to assist in any of these areas:

\_\_\_\_\_ Coaching \_\_\_\_\_ Assistant Coach

For Recreation use only:

Date of registration \_\_\_\_\_ Received by: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_



**MONMOUTH BEACH RECREATION COMMISSION  
2010 KIDS SUMMER TENNIS LESSONS**

**To really improve your game, sign up for as many sessions as you can!**

Session 1: June 29 & July1      Session 2      July 6 & 8  
Session 3: July 13 & 15      Session 4      July 20 & 22  
Session 5: July 27 & 29      Session 6      Aug 3 & Aug 5

Each session will include (2) lessons meeting on Tuesday and Thursday.

Ages 5-7      8:30 a.m. – 9:30 a.m.      cost- \$20 per session

Ages 8-10      9:30 a.m. – 10:30 a.m.      cost-\$20 per session

Ages 11+      10:30 a.m. – 12:00 p.m.      cost-\$30 per session

**\*Players under 11yrs old that can serve, may inquire about taking the 10:30 class.**

**\*Make-up classes due to inclement weather will be held the following session.**

You can sign up for any or all of the sessions. The lessons will be taught by tennis pro Ben Tolkowsky and assistants.

Please make checks out to the Monmouth Beach Recreation Commission and bring or mail with this registration form to the borough hall.

**\*\*\* Late fee of \$20 will be assessed to all sign-ups received after the start date of each session: Example: Payment received after June 29<sup>for session 1</sup> will be charged the late fee.**

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CHILDS NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

HOME PHONE&CELL \_\_\_\_\_ AGE GROUP: \_\_\_\_\_

SESSION 1 \_\_\_\_\_ SESSION 2 \_\_\_\_\_ SESSION 3 \_\_\_\_\_

SESSION 4 \_\_\_\_\_ SESSION 5 \_\_\_\_\_ SESSION 6 \_\_\_\_\_

I hereby give my permission for my daughter/son to participate in the Monmouth Beach Recreation 2010 Tennis program. I also give permission for my child, in the event of an injury or illness to be given emergency treatment at a local hospital.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

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FOR RECREATION COMMISSION USE ONLY

DATE OF REGISTRATION \_\_\_\_\_ AMT PAID \_\_\_\_\_ CASH/CHECK CHK# \_\_\_\_\_