

# KOOSH KIDS



**Have fun with your friends at this 4-week clinic!**

*An introduction to the skills of throwing, catching, batting, and running.*

**Age requirement:**

Children who are 5 years old, or who will be 5 years old, by October 1, 2013.

*Children must be accompanied by a parent or responsible adult!*



**Saturdays, April 20th, 27th and May 4th, 11th  
10:30-11:15 am at Deerfield School**

**\$35 per child**

(The registration period is January 25th -February 15th. After February 15th, a \$15 late fee is charged.)

\*No Refunds will be given after March 8th\*

Complete the form below and return it with payment to the Recreation Department at Borough Hall.

Please make check payable to: **Mountainside Recreation Department**

Mountainside Recreation Department  
1385 Route 22 East, Mountainside, NJ 07092  
(908) 232-0015  
[www.mountainside-nj.com](http://www.mountainside-nj.com)

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## Koosh Kids – 2013

First name \_\_\_\_\_ Last name \_\_\_\_\_

Street \_\_\_\_\_ Medical limitations \_\_\_\_\_

Home phone \_\_\_\_\_ Parent cell phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Date of birth \_\_\_\_\_ Age (as of Oct. 1, 2013) \_\_\_\_\_

Email \_\_\_\_\_ Male  Female

T-Shirt Size (circle one) Youth Small Youth Medium Youth Large

My son/daughter has recently been examined by a physician, and to the best of my knowledge and belief is physically fit to participate in this program. He/she has my permission to participate in the Koosh Kids program. I understand that there are elements of risk in Koosh Kids. It is understood that I am responsible for transportation to and from the program. It is understood, and I agree, that he/she will participate at his/her own risk, and that Mountainside Recreation Department and its coaches/supervisors, etc, do not assume liability thereof. I give my permission for my child to be photographed, and for photographs to appear in Recreation Department materials. I understand that state law requires my child to wear protective eyewear that meets national standards during this activity if he/she normally wears corrective eyeglasses.

**Parent's authorization** \_\_\_\_\_

I would like to help with coaching: **Name** \_\_\_\_\_ **Adult t-shirt size** \_\_\_\_\_

*Coaches must participate in the Rutgers S.A.F.E.T.Y. Class*

Fee paid: \_\_\_\_\_

**Mountainside Recreation Department  
(908) 232-0015**

2013