

EAST HANOVER RECREATION

Sponsors

"CHEERING CLINIC"

K-1st-2nd grade

DAYS: Tuesdays: 4/18, 4/25, 5/2, 5/9
5/16, 5/23, 5/30 (seven weeks)

PLACE: FRANK J. SMITH--- GYMNASIUM

TIME: 3:15pm to 4:00pm

Parents, please wait outside at the overhang by the gym. Students will be brought there for dismissal at 4:00pm. DO NOT BLOCK DRIVEWAY.

FEE: \$55.00 per student / 25 class limit

Checks payable to: Township of East Hanover

"NO PHONE REGISTRATIONS"



PLEASE notify the school that your child will be staying after for this program. One note for all days is fine. Thank You.

Child's Name: _____ Grade: _____

Address: _____ Phone: _____

Health Ins. Carrier: _____ Policy#: _____

Medical Problems: _____

I, the parent of the above named child, grant my permission for her/his participation in the cheering clinic. I will provide all transportation and will abide by all rules and regulations. To the best of my knowledge, my child is in good health and is physically fit to participate in this program.

Date ***** Signature of Parent/Guardian

BRING REGISTRATION FORM TO THE RECREATION CENTER

