



**MAYOR DAHLIA VERTREESE & TOWNSHIP COUNCIL**

**HILLSIDE RECREATION WINTER**

**TEE-BALL CLINIC**

**AGES 4 THROUGH 6 YEARS OLD**

**REGISTRATION: DECEMBER 1<sup>ST</sup> THROUGH DECEMBER 30TH**

**TIME: 9AM TO 12PM AND 1PM TO 4PM & 4:30PM TO 8:30PM**

**WHERE: 274 HILLSIDE AVENUE (COMMUNITY CENTER)**

**FEE: \$35.00 Check or Money Order (no cash) plus front page of 1040 form.**

**CLINIC STARTING: JANUARY THROUGH MARCH 2019**

**Must be registered to attend and Hillside Resident**

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**PLEASE PRINT**

I/We, the parents of \_\_\_\_\_ grant permission for him/her to  
Participate in the Hillside Tee-Ball Clinic. We assume all responsibilities for any accident of  
injuries which may occur. Parent's Signature \_\_\_\_\_

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical Programs: \_\_\_\_\_