

# A SPRING FLING DANCE FOR INDIVIDUALS WITH DISABILITIES

(teens & adults only)

FRIDAY, APRIL 12, 2019

6:30 P.M. – 9:00 P.M.

\$5.00 ADMISSION PER PERSON



AT  
MINNIE B. VEAL COMMUNITY CENTER  
1070 Grove Ave.

SPONSORED BY  
EDISON RECREATION DEPARTMENT  
&  
"EDISON VISIONARY LIONS CLUB"

PLEASE MAIL REGISTRATION FORMS WITH A CHECK OR MONEY ORDER,  
PAYABLE TO EDISON RECREATION,  
100 MUNICIPAL BOULEVARD, EDISON, NJ 08817  
OR PLEASE FAX ANY  
GROUP HOME LIST TO 732-985-0443  
BY APRIL 10<sup>th</sup>

The evening will be filled with music, dancing, snacks and lots of FUN, FUN, FUN!

For more information and any A.D.A. concerns or questions call the Edison Recreation Department at  
732-248-7310, daily from 8:00 a.m. – 4:30 p.m.

www.EdisonNJ.org

**NO TRANSPORTATION WILL BE PROVIDED**

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Spring Fling Dance Permission Slip

<b>OFFICE USE ONLY:</b> DATE RECEIVED: _____	
EMPLOYEE INITIALS: _____	CASH AMT: _____
CHECK AMT: _____	CHECK #: _____
MO AMT: _____	MO #: _____

ONE NAME PER SLIP - PLEASE PRINT

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

GROUP HOME NAME \_\_\_\_\_

TELEPHONE # - HOME \_\_\_\_\_ EMERGENCY \_\_\_\_\_

ALLERGIES OR ANYTHING SPECIAL WE SHOULD KNOW ABOUT YOU: \_\_\_\_\_

ARE YOU ON MEDICATION? \_\_\_\_\_ YES \_\_\_\_\_ NO, IF YES, PLEASE LIST \_\_\_\_\_

NATURE OF DISABILITY \_\_\_\_\_ DEGREE OF DISABILITY \_\_\_\_\_

Guardians are required to escort participant into the dance. In order to register, you must have your application filled out completely!

I hereby give permission for myself/my child to participate in this activity and assume the risk thereof and I do agree for myself/my child at all times to keep the said Recreation Department, Personnel and the Township of Edison free, harmless and indemnified from any and all liability for any injury I/my child might sustain as the result of said participation. Photographs, videotapes, and audio recordings of the participant, while participating in an Edison Recreation Department Program may be made. I hereby permit, consent and authorize such materials of myself/my son/daughter as an individual or part of a group, with or without text, to be used for Edison Township Recreation Activities. It is further understood and agreed that Edison Township does not provide any insurance coverage for the participant or organization.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE OF SIGNATURE

EDISON TOWNSHIP DEPARTMENT OF RECREATION  
Thomas Lankey, Mayor ~ Edison Township Council  
Joyce Fircha ~ Supervisor