A SPRING FLING DANCE
FOR INDIVIDUALS WITH DISABILITIES
(teens & adults only)
FRIDAY, APRIL 17, 2020
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"

Sign up online: www.EdisonNJ.org and click on Register for Recreation Now and follow the instructions or either mail or bring it to the Recreation Department, 100 Municipal Blvd. Edison, NJ 08817 (Monday through Friday - 8:00 a.m. - 4:30 p.m.)

PLEASE FAX ANY GROUP HOME LISTS TO 732-985-0443
BY APRIL 15th

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

*****************************************************************************

Spring Fling Dance Permission Slip

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 ~ Acting Director

S:spring fling dance 2020/ALC/2/5/20