



# Ivy League Day Camp "Big League" Parent/Child Hockey & T-Ball



*Boys and Girls Learn Soccer In A Fun, Safe, Age Appropriate Environment with Mom &/or Dad*

**Classes held on SUNDAYS - BEGINNING December 10th – February 4th**

**9:00AM–9:45AM**

**6 Sessions**

**2 1/2 , 3 & 4 YEAR OLDS**

*All classes are held at Ivy League Day Camp*

*Field House*

*140 Gordon's Corner Road, Manalapan*

*732-446-7035*

*info@ivyleaguedaycamp.com*

**LIMITED SPACE  
AVAILABLE  
Registration  
Deadline  
December 5th**

**\$95 PER PLAYER (\*\$5 IVY LEAGUE DAY CAMP/SCHOOL DISCOUNT\*)**

**EACH CHILD WILL RECEIVE A COMPLETION CERTIFICATE**

### **CLASS HIGHLIGHTS:**

"Big League" Parent/Child Hockey & T-Ball will teach boys and girls the basic hockey and t-ball skills in a fun and non-competitive environment. **Parents will be actively participating** with their child; passing and shooting the puck for hockey , and learning to hit, catch, and throw for t-ball. The goal of this program is to expose your child to hockey and t-ball and have **parents actively participate** in the teaching and learning process. Classes will be led by Ivy League Day Camp's athletic specialist, John Silva. John has many years facilitating and creating recreational program for a variety of sports, art, and music. The past 6 years John continues to develop youth on fields of Manalapan, personal training with patience to beginners. We look forward to creating quality memories for you and your child.

**\* Applies to 2017-18 Ivy League Day Camp/School Children**

**Complete and return with full payment by check to : Ivy League Day Camp, 140 Gordon's Corner Road, Manalapan, NJ 07726**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone # : \_\_\_\_\_ Email: \_\_\_\_\_

I recognize that there is a possibility of physical injury associated with hockey and t-ball I hereby release, discharge and/or otherwise indemnify Ivy League Day Camp against any claim by or on behalf of the registrant's participation in the program. I recognize that he/she must be in good health to participate in this program. I further acknowledge that I have read and accept these conditions under which my child's registration is made. Once program begins there will be no refunds.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_