

Field Hockey

Fall 2010 Registration



June 3 5pm -7:00pm
June 12th 9am-12pm
Green Acres Pavilion

Field Hockey: Girls 2nd-8th grade
And are from Allamuchy, Liberty, Independence, or
Hackettstown are eligible to play

Questions and in person registration, at the
Independence Green Acres Pavilion or
Fill out the registration form on the back
of this form and mail it to:
Independence Recreation
P.O. Box 164
Great Meadows, NJ 07838

Forms can be dropped it off at
The Independence Municipal Building

INDEPENDENCE RECREATION

Municipal Building, 286B U.S. 46, Box 164, Great Meadows, N.J. 07838

Frank Spender, Recreation Director, 637-4133 ex. 1016

RECREATION COMMISSION MEETS 3RD THURSDAY OF EVERY MONTH
7:30 PM, MUNICIPAL BUILDING.

RECREATION PROGRAM REGISTRATION FORM

Program Field Hockey Date of Birth / /

Child's Name _____ Gender M or F Age

Mailing Address _____ City _____ Zip _____

Current Grade _____ Shirt Size _____ Tax Municipality : _____

Phone # _____ Email Address _____

Program Assistance

Please complete if you are able to head coach and indicate practice times

1) Coach Work Phone# _____ 2) Practice Times _____

3) E-Mail _____ 4) Cell Phone _____

REGISTRATION FEES

Fees: \$45 per child (\$100 per family) or Fees: \$30 per child if coaching

Check amount _____ Check number _____

***** Make checks payable to: Independence Recreation**

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as a team member in this Sports Program. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participating, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in this sport and that my child is healthy and has no physical or mental disabilities that would restrict full participation in this recreation program except as listed below. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the Independence Township Recreation Commission, its officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the aforementioned sport and the activities incidental thereto, whether the result of negligence or any other cause.

List of Current Medical Conditions _____

Print Name of Parent _____

Signature of Parent _____

Work Phone _____