

# Field Hockey Clinic

*Ridge Field Hockey and the Bernards Township Recreation Department is sponsoring a low cost clinic for any resident girl in grades 2-9 interested in the fun and exciting sport of field hockey! This clinic is for everyone and no experience is necessary! We invite girls who...*

*\*Are looking to develop, improve, and/or advance her skills,*

*\*Want to learn more about the sport of field hockey,*

*\*Are interested in trying a new sport!*

**Registration Begins:** 02/23/2015, 8:30AM

**Registration Ends:** 05/22/2015, 4:30PM

## **Ridge Field Hockey Clinic**

**Instructor:** Staff - Kimberly Clark, Head Field Hockey Coach RHS

**Gender:** Female Only

**Astor Field #3, 1 Collyer Lane**

**Friday's Starting, May 1 - May 22, 2015; 6:00PM-7:30PM**

The clinic will include individual instruction from the Ridge Field Hockey coaching staff as well as past and present Ridge Field Hockey players! The girls will learn the following...

-Field hockey fundamental skills: Body positioning, dribbling and ball handling, passing, defending, shooting, and goal keeping.

-Field hockey team concepts: Team defense and offense-Rules of the game and safety

Please bring a field hockey stick, shin guards, and a mouth guard to all sessions. This clinic will be held on Astor field in Basking Ridge located at Bernard Township Town Hall.

## **\$15 per resident of Bernards Township**

Refunds, less a \$10 administrative fee per registrant, will only be processed if requested by April 17th, 2015.

*You must be registered with the Recreation Department prior to attending an activity. If your household is new, inactive, or missing pertinent information you will need to complete a Household Information Form before registering for an activity. Online Registration: Visit [www.bernards.org](http://www.bernards.org). Call 908-204-3003 to request your User Name and Password. In-Person or Mail-In Registration: Complete the form below and return with check made payable to Bernards Township to Parks & Recreation, 1 Collyer Lane, Basking Ridge, NJ 07920*

# Bernards Township Parks & Recreation - YOUTH PROGRAM REGISTRATION FORM

Return completed registration form with payment to: 1 Collyer Lane, Basking Ridge, NJ 07920

**Last name:** \_\_\_\_\_ **First name:** \_\_\_\_\_ **Male or Female:** \_\_\_\_\_

<b>Program Title</b> <i>You may register for up to 4 programs on one form for the same individual. Be sure to use the EXACT Activity Description as shown on the reverse side of registration form.</i>	<b>Program Fee</b> <i>Include a separate check, made payable to "Bernards Township" for each program.</i>	<b>2<sup>nd</sup> Choice</b> <i>You have the option to list a second choice in the event the program you are registering for is full.</i>
<i>Example: Summer Tennis First Play Session I</i>	<i>\$150</i>	<i>First Play Session II</i>

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

**Town:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Height:** \_\_\_ ft \_\_\_ in **Birth date:** \_\_\_/\_\_\_/\_\_\_ **Grade:** \_\_\_ **School child attends** \_\_\_\_\_

	Primary Household Contact/Guardian	Secondary Household Contact/Guardian
<b>Name</b>		
<b>Home Phone #</b>		
<b>Work Phone #</b>		
<b>Cell Phone #</b>		
<b>Primary Household Email</b>		
<b>Alternate Household Email</b>		

Please provide information for two emergency contacts (other than parent) who are in close proximity to the program and can be reached during the program hours. We will always attempt to contact the parent/guardian first.

	Emergency Contact #1	Emergency Contact #2
<b>Name</b>		
<b>Phone #</b>		

**Allergies:** \_\_\_\_\_

**Any medical, physical, behavioral, or mental health conditions we should be aware of:**  
\_\_\_\_\_

**VOLUNTEER INFORMATION**  
**Basketball, Softball, & Hockey**

The Recreation Department needs volunteers to assist with certain sports programs.

The number of teams & participants we can accommodate depends on the number of volunteers. Refer to the program's description and our Youth Sports Coach/Coordinator policies for more information.

<b>Volunteer's Name</b>	
<b>Who would you like to volunteer with (if applicable)?</b>	
<b>Were you previously background checked by BT REC?</b>	<b>YES / NO</b>
<b>Previously attended a Rutgers SAFETY clinic?</b>	<b>YES / NO</b>

As the Parent or Guardian of the participant in this program, I hereby give permission for my child/dependent to participate in this program and agree that this is a voluntary choice. I acknowledge that there are certain risks inherent in participation in this activity, and I agree to accept all of the consequences and assume the risks involved in participation. I give permission to the Township to provide emergency care as necessary for the well being of my child/dependent until such time as I may be contacted. I understand and acknowledge that Bernards Township is not responsible for any loss, damages or injury to any person or property for any reason associated with my child's/dependent's participation in this activity. In light of the above, I hereby agree to indemnify and hold harmless and release Bernards Township from any and all liability for any and all injuries my child/dependent may sustain as a result of participation in this activity. This includes, but is not limited to, responsibility for the payment of any and all doctor, medical or hospital bills resulting from any and all injuries to my child/dependent. I grant Bernards Township the right to use any and all photographs of myself or my child participating in a Department sponsored activity for future media promotion. I confirm that I have read and understand the Recreation Department's registration policies and procedures.

**For office use only: Cash** \_\_\_\_\_ **Ck. #** \_\_\_\_\_ **Received:** \_\_\_\_\_