



Fall Field Hockey League

For Children in grades 5 & 6



The Junior Field Hockey program is an instructional field hockey league, with a low level of competition and strong focus on skill development and across-the-board participation. Tentative league participants are: Long Hill Twp., Watchung/Warren/Green Brook, Basking Ridge, Berkeley Heights, Glen Ridge, Madison, Branchburg, and Chatham. The field hockey season starts in August for practice; games September-November.

Games that get rained out may be made up on Saturdays.

Practices: Wednesdays, August 27th- October 30th 4:30-6pm at Astor Field #2
Saturdays, August 30th-November 1st 9-10:30am at Astor Field #2

Games: Sundays, September 14th-November 2nd home field is Astor Field #2

Maximum of 20 Participants.

Participants should provide their own field hockey stick, mouth guard, shin guards, and cleats. All other equipment will be furnished.

Weather Cancellations: Practices/games will be cancelled when thunder, lightening, and/or heavy rain is present. Make-up time will be addressed by adding practices or games. No guarantees on meeting full session time. **Cancellations due to inclement weather will be emailed to all participants.**

\$85.00 per participant. Residents Only.

Refunds, less a \$10 administrative fee per registrant, will only be processed if requested on or before 6/25/14.

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. 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.

Recreation program schedule subject to change.

Bernards Township Department of Parks & Recreation

908-204-3003



www.bernards.org



FALL FIELD HOCKEY LEAGUE REGISTRATION FORM - 2014

Complete one form & check per child, per program. Make checks payable to "Bernards Township".

Field Hockey: \$85

Last name: _____ First name: _____ Male or Female: _____

Address: _____

Town: _____ Zip: _____

Phone: _____ Email: _____

Birth date: ____/____/____ Grade (Fall 2014): ____ School child attends: _____

	Father/Guardian	Mother/Guardian
Name		
Home Phone #		
Work Phone #		
Cell Phone #		
Email		

Please provide information for an emergency contact (other than parent) We will always attempt to contact the parent/guardian first.

Emergency Contact	
Name	
Home Phone #	
Cell Phone #	

Medical, physical, behavioral, or mental health conditions we should be aware of:
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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: _____
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