



Bernards Township Recreation presents...
Field Hockey Instruction

For female beginners currently in grades 3-8
Saturdays
April 30th - June 11th
No Program 5/28
Astor Field 3



Instructors from *Powerstyx Field Hockey*

Session I: Grades 3-5, 10:30am - 11:30am

Session II: Grades 6-8 11:30am - 12:30pm

25 participants per session

Participants will learn the basic skills and fundamentals of field hockey. Scrimmages will take place during the second half of the session.

Requirements: Participants need to provide mouth guard and shin guards. Field Hockey sticks are also requested. If you do not have a stick one will be provided.

Cost: \$15 per participant. Residents only. Proof of residency required.

Refunds, less a \$10 administrative fee per registrant, will only be processed if requested before the session's start date. There will be no refunds given after the session begins. You must be registered with the Recreation Department prior to attending the program. To register, complete the form below and mail with check made payable to "Bernards Township" to:

Bernards Township Recreation
 1 Collyer Lane
 Basking Ridge, NJ 07920

Bernards Township Parks and Recreation 908-204-3003 www.bernards.org



Spring 2011 Field Hockey - REGISTRATION FORM

Complete one form per child, per program and submit one check per child per program payable to "Bernards Township" and return to: Bernards Township Recreation, 1 Collyer Lane, Basking Ridge, NJ 07920.

Program Title: ___Field Hockey Instruction___ **Fee:** \$ _____ **Please Circle:** Session I / Session II

Last name: _____ First name: _____
 Address: _____ Town: _____ Zip: _____
 Birth date: ___/___/___ Grade: _____ School child attends: _____

	Mother/Guardian	Father/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	Medical, physical, behavioral, or mental health conditions we should be aware of:
Name		
Home Phone #		
Cell Phone #		

I hereby give permission for my child to participate in this program and give permission to provide emergency care as necessary for the well being of my child until such time as I may be contacted. I give permission for those individuals listed on this form to pick-up/release my child from the program. I agree that the Bernards Township Recreation Department shall not be held liable in the event of accident or injury resulting from participation in this activity. I grant the Bernards Township Recreation Department the right to use any and all photographs of myself or my child participating in a Department sponsored activity for future media promotion. I certify that I have read and understand the Recreation Department's registration, refund, youth sports and volunteer coach/coordinator policies.

Parent/Guardian Signature: _____ Date: ___/___/___

For office use only:	Cash _____	Ck. # _____	Received: _____
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