

# WESTAMPTON / MT HOLLY RECREATION ROLLER HOCKEY – SPRING LEAGUE 2010 REGISTRATION FORM – AUTHORIZATION AND RELEASE

**REGISTRATION DATE:** THURSDAY, FEBRUARY 4, 2010    **TIME:** 6:00 PM – 8:00 PM  
**LOCATION:** WESTAMPTON MUNICIPAL BUILDING, 710 RANCOCAS RD.  
**REGISTRATION FEE:** \$60.00 PER PARTICIPANT

**PROGRAM INFORMATION:** For boys and girls in kindergarten through 11<sup>th</sup> grade. We participate in the Burlington County Roller Hockey League, which helps create more teams in each division to compete against. Practices and games will be at various locations in the area. The regular season is scheduled to start April 17<sup>th</sup> with games scheduled on Saturdays, Sundays, & Tuesdays. All teams make the playoffs, which start June 7<sup>th</sup>, and all participants will receive a trophy at the end of the season. Each participant will be required to have the following equipment: HECC-certified hockey helmet with full-face shield or cage, hockey gloves, elbow pads, shin and kneepads, mouthpiece, and cup. Checks made payable to Westampton Rec. No refunds will be given.

## PLEASE PRINT – USE ONE FORM PER PARTICIPANT

PARTICIPANT'S NAME: \_\_\_\_\_ SEX: MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ FAMILY E-MAIL ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_ (AS OF 1/1/10)      BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_      GRADE: \_\_\_\_

PARENTS' FIRST NAMES: MOM: \_\_\_\_\_ DAD: \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT & PHONE #: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Does participant have any known allergies or medical conditions that need specific attention during the program?  
 Please be very specific: \_\_\_\_\_

DIVISION:      MITES      SQUIRTS      PEE WEES      BANTAMS      MIDGETS  
 (CIRCLE ONE)    1<sup>st</sup>, 2<sup>nd</sup>, & 3<sup>rd</sup>    4<sup>th</sup> & 5<sup>th</sup>      6<sup>th</sup> & 7<sup>th</sup>      8<sup>th</sup> & 9<sup>th</sup>      10<sup>th</sup> & 11<sup>th</sup>

JERSEY SIZE: (CIRCLE ONE) YOUTH: SM MED LG XL      ADULT: SM MED LG XL XXL XXXL

DO YOU WANT TO PLAY GOALIE? YES NO MAYBE SOMETIMES BACK-UP

(Name) \_\_\_\_\_ has my permission to participate in all activities of the above-registered program. I understand that proper supervision is provided for all programs. In case of emergency, I authorize the program personnel to administer first aid treatment, to secure the services of a physician, to transport me/my child to the nearest medical facility for treatment in case of an emergency & to try to notify me/my contact person. In the event of injury due to accidents beyond their control, I agree to release and hold harmless the Township of Westampton, the Westampton Township Dept. of Recreation, its supervisors, employees, and all program volunteers, as well as other persons connected with Westampton Township, from all liability relating to personal injury or property damage that I/my child may sustain by reason on my/our participation in, equipment or facilities therein. I also understand that Westampton Township does not provide accident insurance for any of its participants.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COACHES \_\_\_\_\_ & ASSISTANTS \_\_\_\_\_ ARE NEEDED – IF INTERESTED PLEASE CHECK (NAME: \_\_\_\_\_)

ANY QUESTIONS PLEASE CALL THE WESTAMPTON RECREATION OFFICE: (609) 267-1891 (EXT 8)

2010 Roller Hockey League - Spring Registration	<u>Do Not Write in This Box – For Accounting Purposes Only</u>
For Office Use Only -	Amount Paid: _____ Cash: _____ Check No.: _____ Received By: _____