



**Township of Old Bridge
Department of Parks, Recreation and
Social Services**

**Old Bridge Ice Hockey Instructional Program
*Home of the Jr. Knights***

Starts: **Fall Session:** **October 8, 2017 – December 17, 2017**
11 Weeks - 1 ¼ hour lesson

Class Size: **15 Minimum - 40 Maximum**

Cost: **\$350.00 for Residents**
 \$400.00 for Non-Residents

Ages: 5 through 13 years: **Sundays 4:30pm-5:45pm**

Program Coordinator: **David Shafer**

Learn All the Fundamentals of Playing Ice Hockey While Having Fun:

Skating - Stickhandling - Passing and Shooting

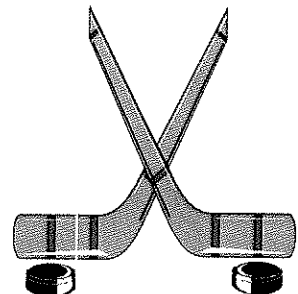
Full Equipment is Required

Notes for New Players:

- * Please Have New Skates Sharpened Before Start of Program.**
- * Straight Blade Sticks Preferred.**

For all Information:

**Application Packet available at Rink,
www.oldbridge.com (under Parks & Recreation – Arena), or
at the Recreation Dept. (732) 721-5600 Ext. 4999
In Case of Inclement Weather: (732) 607-7971**



Township of Old Bridge Ice Hockey - Registration Form

Skater Information:

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

Date of Birth _____ School Grade _____ Please check: Resident Non-Resident

Prior Ice Hockey Experience, *Please circle:* e-mail address: _____

None Forward Defense Goaltender

Parent Information:

I wish to volunteer for the following: *Please circle:*

Manager Score Keeper Clock Operator Penalty Box Monitor Water Bottle Refill Monitor

Mother's First Name _____ Last Name _____

Home Phone: _____ Cell Phone _____ Carrier: _____ *Allow Text Messages:*

Address _____ City _____ State _____ Zip Code _____

Father's First Name _____ Last Name _____

Home Phone: _____ Cell Phone _____ Carrier: _____ *Allow Text Messages:*

Address _____ City _____ State _____ Zip Code _____

Emergency Phone Number _____

There will be absolutely no refunds for this program without a written note from your Doctor!

IS YOUR CHILD IN GOOD PHYSICAL CONDITION AND FULLY ABLE TO PARTICIPATE IN ICE HOCKEY? _____

IF YOUR CHILD HAS SUFFERED ANY ILLNESSES OR INJURIES WHICH WOULD PREVENT FULL PARTICIPATION IN THE SPORT OF ICE HOCKEY, PLEASE DESCRIBE SUCH ILLNESSES OR INJURIES IN DETAIL _____

CONDUCT OF SKATERS AND PARENTS - This organization reserves the right to terminate membership and participation for any skater or parent who conducts himself/herself in any manner detrimental to the association. In such event, no monies will be refunded.

I HEREBY CONSENT TO _____ PARTICIPATING IN THE PROGRAM.
Name of Skater

Signature of Parent/Guardian

Date

TOWNSHIP OF OLD BRIDGE ICE HOCKEY

CONSENT, WAIVER AND INDEMNITY

I hereby consent to my child, _____, participating in the sport of ice hockey at the Township of Old Bridge Sports Arena. I further understand that my child will be participating in instructional ice hockey games.

In consideration of the mutual covenants of other parents signing this form, the volunteer services rendered by members of the program, coaches, managers and other parents, and in further consideration for the opportunity for my child to participate in the physical training and recreation afforded by the sport, I hereby waive and release, on my own behalf and that of my child, and further agree to hold harmless the Township, coaches, managers and other parents who participate for the benefit of the program, from any and all claims for bodily injury, medical expenses, property damage and related claims arising out of the participation of my child in the program. I further agree to indemnify the Township, coaches, managers and other parents for any and all claims brought by or on behalf of my child. This consent, waiver and indemnity shall be subject to enforcement by any court of competent jurisdiction, to the extent provided by law.

Signature of Parent/Guardian

Date

MEDICAL TREATMENT AUTHORIZATION

I hereby certify that my child, _____, is in good health, free of communicable disease and fully able to participate in all of the activities of the Township of Old Bridge Ice Hockey program.

I hereby consent to the coaches and managers of the Old Bridge Ice Hockey program, to act in my behalf and on behalf of my child, in the event I am not available, should any medical or other emergency arise involving my child. I hereby further grant permission to all those named above to procure medical attention and treatment, if so warranted by any physician, nurse, emergency medical technical or hospital concerning any injuries sustained by my child while participating in the Township of Old Bridge Ice Hockey program or activities related thereto.

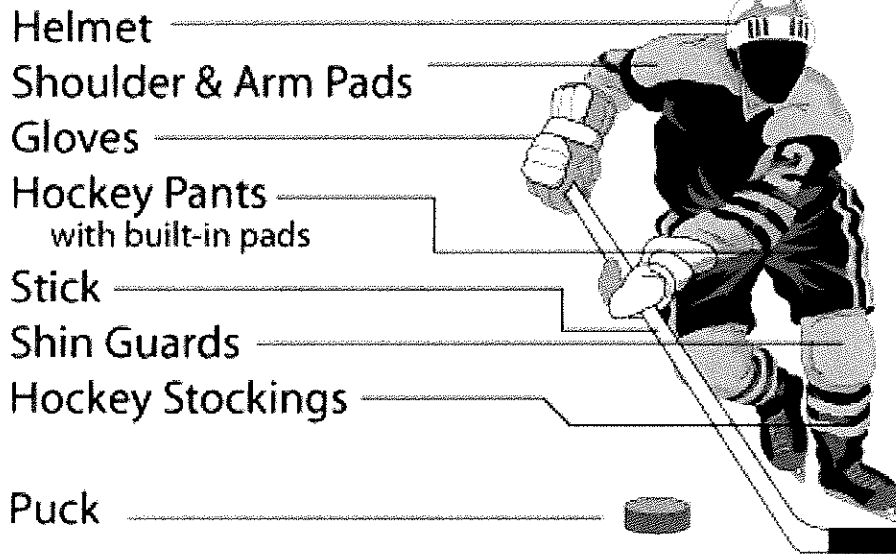
Please list all medications to which the skater is allergic:

Signature of Parent/Guardian

Date

Hockey Equipment List

Forward & Defensemen Equipment:



Goalie Equipment:

