

Hackensack Recreation Dept.  
Mailing Address: 65 Central Ave., Hackensack, N.J. 07601  
Recreation Office: 116 Holt Street  
Phone: 201-646-8042 Fax: 201-646-8044

# GIRLS JR. FIELD HOCKEY

## Winter, 2018 Registration - Grades 5 - 8

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

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

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

School: \_\_\_\_\_

Tee-Shirt Size: YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_  
AXL \_\_\_\_\_

In case of an Emergency, please indicate the name and phone number of person to be contacted:

Name \_\_\_\_\_

Phone \_\_\_\_\_

FEE: \$40.00 Per Child - Please make checks payable to: "City of Hackensack"

Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Cash ( ) Check #: \_\_\_\_\_

By: \_\_\_\_\_

Note: You must be a resident of Hackensack or its School Sending Districts to participate in this Program. If not, your registration will be cancelled.

### PARENTAL WAIVER AND CONSENT FORM

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as a team member in the sport designated below. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named below, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

DESIGNATED SPORT: \_\_\_\_\_

SPONSORED BY: HACKENSACK RECREATION DEPT.

Please list any physical limitations(Allergies,hearing,sight,etc.): \_\_\_\_\_

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

Date: \_\_\_\_\_

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Girls, Are you interested in learning an action-packed Sport? If “yes”, and you are in Grades 5-8 - Come and join this exciting Program!!

# **GIRLS JR. FIELD HOCKEY PROGRAM**

**Grades: 5 - 8**

**Dates:** Mondays and Fridays,  
Jan. 8,12,22,30; February 5,9,12,16,19,23,26  
(End of season Pizza-Awards Party on Friday, March 2, 2018 at H.H.S.)

**Time:** 6:30 - 8:45 P.M.

**Place:** Hackensack High School - Lower Gym

**FEE:** \$40.00 (Make Checks Payable to: “CITY OF HACKENSACK”)

**Mail Registrations to:** Hackensack Recreation Dept.  
65 Central Avenue  
Hackensack, N.J. 07601

**In-Person Registration:** Hackensack Recreation Dept.  
116 Holt Street  
Hackensack, N.J. 07601

**(Office Hours:** Mon-Fri,. 9 AM - 6 PM)

For further information, please call the Recreation Dept. (201-646-8042)

**REGISTRATION FORM AND WAIVER ON OPPOSITE SIDE**