

Grades: Kindergarten through 8th

All Games will be played at the Randall Athletic Hockey Rink located at 19 Oak Avenue in Pequannock

Our Street Hockey program will be made up of the following divisions:

| DIVISION | DAYS | | |
|-------------------------------|------------------------------------|--|--|
| Kindergarten | Monday and/or Thursday | | |
| Biddy (grades 1 and 2) | Monday <mark>an</mark> d Thursday | | |
| Intermediate (grades 3 and 4) | Tuesday <mark>an</mark> d Thursday | | |
| Junior (grades 5 to 8) | Thursday and Friday | | |

Divisions are subject to change based on enrollment The season will run from mid-April to June. There will be 2 games per week!

****SKILLS EVALUATION AND DRAFT****

The evaluation and draft is used only to keep the teams as evenly matched as possible. All children will be placed on a team regardless of experience or ability. We cannot honor requests for children to be placed on a team with a specific coach.

Players must supply their own gloves, elbow pads, kneepads and shin guards. The Boys & Girls Club of Pequannock will provide goalie equipment for goalies.

<u>Registration Fee: \$70 per child</u> <u>Registration deadline: April 7, 2018!</u>

10% family discounts available for 3 or more children

A \$5 LATE FEE WILL BE CHARGED AFTER REGISTRATION DEADLINE.

All correspondence will be sent by e-mail. Please provide e-mail addresses on back

Mail registration form and check to: Boys & Girls Clubs of Northwest New Jersey Pequannock Unit P.O. Box 195 Pequannock, NJ 07440 973-633-9007 www.bgcnwnj.org www.facebook.com/bgcnwnj *not a school sponsored event*





| Child's Name: | | Date of Birth: | | | |
|--|--------------------|----------------|------------------|-----------------|--|
| Address: | | | Age: | _ Gender: | |
| City: | State: | Zip: | Grade: | | |
| Home Phone: | | | | | |
| Division: | | | | | |
| E-mail Address: | | | | _ | |
| Parent/Guardian Informati | on: | | | | |
| Mother's Name: | | Work e-mail | | | |
| Business Name & Address | | | | | |
| | Cell Phone#: | | | | |
| Father's Name: | | Work e-mail | | | |
| Business Name & Address | 5: | | | | |
| Business Phone: | Cell Phone#: | | | | |
| Does your child have any | impairment? | | | | |
| Sponsors: We need spons Sponsorships are \$100 and certificate as well as your | l are tax deductib | le. Sponsors w | ill receive a te | | |
| Company or Sponsor Nam | ne | | Contact Pers | son and Phone # | |
| Company or Sponsor Add | ress | | | | |
| Coaches: We need coach | nes for your child | l's team! | | | |
| | | | | | |

Name

Phone #

I hereby give consent for my child to participate in the Boys & Girls Clubs of NWNJ Street Hockey Program. I assume all risk in regard to participation in this and any other Boys & Girls Clubs of NWNJ program in which my child may participate. I release, indemnify and agree to hold harmless the Boys & Girls Club of Northwest New Jersey its directors, officers, coaches, and volunteers from any liability that may result from participation in Boys & Girls Clubs of NWNJ activities. By my signature, I attest to the following:

- That the above information is correct.
- That in the event of a medical emergency, I authorize the Boys & Girls Clubs of NWNJ to seek emergency medical care for my child as deemed necessary by the Director.