



SUMMER STICKS FIELD HOCKEY LEAGUE



Grades 4-8

Grades 9-12

- Dates:** July 10 through July 31
Tuesday and Thursday nights, 7-sessions
Deadline to register with payment - Thursday, June 28*
- Location:** Twin Pines Turf Field
(Entrance to field is on Pennington-Lawrenceville Rd.)
- Group #1:** Grades 4 to 8 6pm to 7:30pm
Group #2: Grades 9 to 12 7:30pm to 9:00pm
- Cost:** \$135/player (\$120 for Hopewell Twp. Resident)
- *Late Fee:** There will be a \$20 late fee assessed to any registration accepted after the deadline. No walk-ons.



The Summer Sticks Field Hockey League returns with an excellent coaching staff to lead this 7-session program for players of all skill levels. The league for **Groups 1** will stress and reinforce field hockey fundamentals in a recreational but competitive format with 7 v. 7 games on the turf divided into 2 halves. The **Group 2** league is for Freshman, JV, and Varsity level players who are looking to enhance their skills through game situational play on the turf. They will receive qualified instruction and officiating from league staff and umpires while playing full-sided 11 v. 11 games. **All players registered with payment before the deadline will receive a reversible pinnie and field hockey ball.** Participants must provide their own stick, shin guards and mouth guard (and goggles for Group 2 players).

Refund Policy: Registrants who withdraw prior to the start of a program may be issued a refund only if the HTPRD is notified in writing at least ten (10) working days prior to the event or start of the program. NO REFUNDS will be granted once a program has begun. A \$20 administrative service charge will be deducted from any refund granted.

Registration forms are available at www.hopewelltpw.org
or call the HT Parks & Recreation Department at (609) 737-3753 to register

or register online at <https://register.communitypass.net/hopewelltownship>





Summer Sticks Field Hockey League Registration Form 2018



Participant Information:

Name: _____ DOB: _____ Age: _____ Grade Completed: _____ Gender: _____

Street Address: _____
Street City, state, zip

Primary Contact (Parent or Guardian):

Name: _____ Email: _____

Cell Phone: _____ Home Phone: _____

Emergency Contact (Parent, Guardian or Other):

Name: _____ Cell Phone: _____

Check One: Group #1: Grades 4-8 \$135 (\$120 HT Resident) Group #2: Grades 9-12 \$135 (\$120 HT Resident)

Add \$20 late fee for registration accepted after deadline of Thursday, June 28

Note: HT RES denotes discounted program fee for Hopewell Township residents.



Pinnie Size: (Circle One) Sm/Med Lg/XLg

Registrants of all ages, by virtue of their participation, agree to be photographed and have pictures published as part of promotional and media campaigns unless we are formally notified of your expressed desire to be excluded.

HOPEWELL TOWNSHIP HOLD HARMLESS AGREEMENT & MEDICAL RELEASE: Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the Township of Hopewell, its agents, servants and employees, Hopewell Township Parks and Recreation, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators, or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement. I hereby further authorize emergency medical care for my child/children during attendance in the Summer Sticks Field Hockey program. If, in the judgment of the staff, treatment is required for any injury or illness, I also hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child/children, or at the earliest possible time should prior notice prove impossible. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf.

Please be aware my child has the following medical conditions:

SIGNATURE OF PARENT: _____ **DATE:** _____

Make checks payable and send to:

Phone # (609) 737-3753

**Hopewell Township Parks & Recreation Department
201 Washington Crossing-Pennington Road
Titusville, NJ 08560**