



**Township of Cedar Grove
Recreation Department**
525 Pompton Ave. Cedar Grove, NJ 07009
(973) 239-1410 x220

Recreation Indoor Hockey

**FOR CANCELLATIONS DUE TO INCLEMENT WEATHER;
"LIKE" US ON FACEBOOK, www.facebook.com/cedargroverec,
"FOLLOW" US ON TWITTER, @CedarGroveRec OR call Weather Hotline #973-230-9944**

- **Who:** Children grades K-6; Kindergarten and 1st grade is CLINIC ONLY
- **Where:** North End School
- **When:** **Practices** – beginning week of December 17th
Gr. 5-6 Mondays; 6:30 or 7:30 (determined by coach)
Gr. K-4 Wednesdays; 6:30 or 7:30 (determined by coach)

Games – Saturdays beginning in January (morning & afternoon games)
- **Fee:** Grades K-1: \$50; Grades 2-6: \$70.00/child
Late fee of \$10 after 12/7/18
CHECKS MADE PAYABLE TO TOWNSHIP OF CEDAR GROVE
- **Mandatory:** HOCKEY HELMET, GLOVES & SOCCER STYLE SHIN GUARDS

Description: Indoor Street Hockey clinic provided to teach basic hockey/street hockey skills. Grades K-1 is clinic style where they will practice once a week. Grades 2-6 will practice once a week and have games on Saturdays. This is a Recreation League so we are here for the kids and to have fun! This program will run from mid-December through beginning of March.

Indoor Hockey 2018-19

NAME _____ GRADE _____ SCHOOL _____

ADDRESS _____ HOME PHONE _____

CELL PHONE _____ EMERGENCY CONTACT _____

EMAIL _____ PREF. HOSPITAL _____

Any Allergies/Health Conditions we should be aware of? (If Yes, explain) _____

This league will be run by parent volunteer coaches!

Please print your name if you are interested in COACHING: _____

Check One: BOY _____ GIRL _____

T-Shirt Size: (Circle One) YOUTH OR ADULT Small Medium Large

I will not hold Cedar Grove Township, Cedar Grove Recreation or any of their representatives responsible for any loss or injury I may incur while playing or practicing. I am in good health and able to participate without restriction. I also authorize Cedar Grove Recreation Department personnel/coaches to contact appropriate emergency personnel, should I need medical assistance. In conjunction with the child's participation in the recreation program, the Township may make or arrange to make certain images of a child or children participating in such activities, such as still photographs, video tapes or other recorded moving images. I consent to, give permission for and authorize the Township to use the images of the child. There is no guarantee to your child playing on a certain team. We will not decide teams by requests.

Signature _____

Date _____

\$50/\$70