



Spring 2012 Ant Hockey & Floor Hockey

Indoor floor hockey for grades K-5



Ant Hockey

Grades K-2
William Annin Middle School

In this indoor co-ed floor hockey league, players will be placed on teams and taught basic skills, game safety and sportsmanship. Players use a soft Nerf-ended floor hockey stick and foam ball. No prior experience is necessary.

Kindergarteners will play games on
Thursdays: March 8 – April 5

1st & 2nd Graders will play games on
Wednesdays: March 7 -April 4

Games are approximately 24 minutes

Floor Hockey

Grades 3-5
William Annin Middle School

This indoor co-ed floor hockey league is a step up from Ant Hockey. Players will be placed on teams and taught basic skills, game safety and sportsmanship. Players use plastic floor hockey sticks and small goals. Basic hockey knowledge is helpful.

3rd – 5th graders will play games on
Mondays: March 5 – April 2



Games are approximately 30 minutes



The Recreation Department will furnish all equipment and t-shirts are provided to all participants. Players should wear sneakers and comfortable clothing. (No skates!)



Games will be scheduled between 5:45 PM & 8:00 PM. Your game time will change each week. Players will be notified of their team assignment and their first game time by a phone call from their team coordinator. Each player will be given their team t-shirt and a schedule of the remaining games on the first night.

No carpool/team requests.

Registration Fee: \$25/player if registration is received on or before Friday, February 17, 2012

\$35/player beginning February 18 (*No spots guaranteed after 2/17/12*)

Residents only. Refunds are subject to a \$10 processing fee. No refunds issued after 3/2/12.

Recreation program schedule subject to change.
Bernards Township Department of Parks & Recreation
908-204-3003



www.bernards.org

You must be registered with the Recreation Department prior to attending an activity. If your household is new, inactive, or missing pertinent information you will need to complete a Household Information Form before registering for an activity. Online Registration: Visit www.bernards.org. Call 908-204-3003 to request your User Name and Password. In-Person or Mail-In Registration: Complete the registration form and return with check made payable to "Bernards Township" to: BT P&R, 1 Collyer Lane, Basking Ridge, NJ 07920.

WE NEED YOUR HELP!

A volunteer Team Coordinator is needed for each team. The number of teams and participants we can accommodate depends on the number of volunteers.

As a Team Coordinator for your child's Ant/Floor Hockey team you will be responsible for:

- Contacting your team to let them know the time of your first game
- Distributing game schedules and t-shirts at the first game
- Ensuring all players have equal playing time during your games

It will take about one hour per week of your time to help us with this league.

No previous experience is necessary. Complete the "volunteer" portion of the registration form.

YOUTH PROGRAM REGISTRATION FORM

Complete one form per child, per program and submit one check per child per program.

You must be registered with the Recreation Department prior to attending an activity. If your household is new, inactive, or missing pertinent information you will need to complete a Household Information Form before registering for an activity. Online Registration: Visit www.bernards.org. Call 908-204-3003 to request your User Name and Password. In-Person or Mail-In Registration: Complete the form below and return with check made payable to "Bernards Township" to Parks & Recreation, 1 Collyer Lane, Basking Ridge, NJ 07920.

Program (circle one): Ant Hockey / Floor Hockey **Fee:** \$ _____

Last name: _____ First name: _____ Male or Female: _____

Address: _____

Town: _____ Zip: _____

Birth date: ____/____/____ Grade: ____ School child attends: _____

	Father/Guardian	Mother/Guardian
Name		
Home Phone #		
Work Phone #		
Cell Phone #		
Email		

Please provide information for an emergency contact (other than parent) We will always attempt to contact the parent/guardian first.

	Emergency Contact
Name	
Home Phone #	
Cell Phone #	

Medical, physical, behavioral, or mental health conditions we should be aware of:

VOLUNTEER INFORMATION	Name	
The number of teams & participants we can accommodate depends on the number of volunteers. Refer to the program's description and our Youth Sports Coach/Coordinator policies for more information.	Daytime Phone #	
	Email	

As the Parent or Guardian of the participant in this program, I hereby give permission for my child/dependent to participate in this program and agree that this is a voluntary choice. I acknowledge that there are certain risks inherent in participation in this activity, and I agree to accept all of the consequences and assume the risks involved in participation. I give permission to the Township to provide emergency care as necessary for the well being of my child/dependent until such time as I may be contacted. I understand and acknowledge that Bernards Township is not responsible for any loss, damages or injury to any person or property for any reason associated with my child's/dependent's participation in this activity. In light of the above, I hereby agree to indemnify and hold harmless and release Bernards Township from any and all liability for any and all injuries my child/dependent may sustain as a result of participation in this activity. This includes, but is not limited to, responsibility for the payment of any and all doctor, medical or hospital bills resulting from any and all injuries to my child/dependent. I grant Bernards Township the right to use any and all photographs of myself or my child participating in a Department sponsored activity for future media promotion. I confirm that I have read and understand the Recreation Department's registration policies and procedures.

For office use only: Cash _____ **Ck. #** _____ **Received:** _____