

**JUNIOR FIELD HOCKEY RECREATION PROGRAM**  
**Fall 2011 Registration & Release Form**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Parents' names \_\_\_\_\_

Address \_\_\_\_\_ Phone #s \_\_\_\_\_

E-mail address \_\_\_\_\_

(For schedules and updates – please include e-mail address that is checked regularly)

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency contact \_\_\_\_\_

Phone # \_\_\_\_\_

This program is open to 7<sup>th</sup> and 8<sup>th</sup> graders from Boonton Township and Mountain Lakes. Registration fees are \$50 per player payable to Mountain Lakes Recreation.

Practices will begin on August 24th on field to the left of the high school, between 5:30 and 7:00 pm and will run through to the end of October, every Wednesday and Thursday. We will have games scheduled with towns in our area.

**Parental release**

I, the undersigned, being the legal guardian of the above-named child, do hereby grant permission for participation in all activities sponsored by the Junior Field Hockey Recreation program. I assume all risks and hazards incidental to such participation and release the Mountain Lakes Junior Field Hockey program and its agents and assigns from any liability and/or responsibility for any injuries sustained by my child or expense incurred therefrom while engaged in or traveling to or from any activities of the above-named organization.

Further, I attest that my child \_\_\_\_\_ is in good health and able to participate in the Mountain Lakes Junior Field Hockey program. I agree to notify my child's coach if there is any medical problem of which she should be aware. If my child incurs an injury and I cannot be reached, I give the coach my permission to seek emergency medical care.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Mail form to: Cathy Mitchell, 2 Ball Road, Mountain Lakes, NJ 07046