



**LUMBERTON RECREATION
ROLLER HOCKEY – SPRING LEAGUE
2010 REGISTRATION FORM – AUTHORIZATION AND RELEASE**

REGISTRATION FEE: \$60.00 PER PARTICIPANT

PROGRAM INFORMATION: For boys and girls in kindergarten through 11th grade. We participate in the Burlington County Roller Hockey League, which helps create more teams in each division to compete against. **Practices and games will be at various locations in the area.** The regular season is scheduled to start April 17th with games scheduled on Saturdays, Sundays, & Tuesdays. All teams make the playoffs, which start June 7th, and all participants will receive a trophy at the end of the season. Each participant will be required to have the following equipment: HECC-certified hockey helmet with full-face shield or cage, hockey gloves, elbow pads, shin and kneepads, mouthpiece, and cup. Checks made payable to Lumberton Township. No refunds will be given.

THIS FORM MUST BE TURNED IN NO LATER THAN FEBRUARY 19.

*Please check here if you **do not** wish to be included in our electronic Recreation Newsletter _____*

PLEASE PRINT - USE ONE FORM PER PARTICIPANT

PARTICIPANT'S NAME: _____ Gender: MALE: _____ FEMALE: _____

ADDRESS: _____ TOWN: _____ ZIP: _____

HOME PHONE:(_____) _____ FAMILY E-MAIL ADDRESS: _____

AGE: _____ (AS OF 1/1/10) BIRTH DATE: _____ / _____ / _____ GRADE: _____

PARENTS' FIRST NAMES: MOM: _____ DAD: _____ CELL PHONE: (_____) _____

EMERGENCY CONTACT & PHONE #: _____ (_____) _____

Does participant have any known allergies or medical conditions that need specific attention during the program? Please be very specific: _____

DIVISION: MITES SQUIRTS PEE WEES BANTAMS MIDGETS
(CIRCLE ONE) 1st, 2nd, & 3rd 4th & 5th 6th & 7th 8th & 9th 10th & 11th

JERSEY SIZE: (CIRCLE ONE) YOUTH: SM MED LG XL ADULT: SM MED LG XL XXL XXXL

DO YOU WANT TO PLAY GOALIE? YES NO MAYBE SOMETIMES BACK-UP

Please READ/SIGN _____, has my permission to participate in all activities of the above registered program. In case of emergency, I authorize the programs assigned personnel to administer emergency first aid treatment, transport my child to the nearest hospital if necessary, and notify me as quickly as possible. I understand that proper supervision is provided for all programs. However, in the event of an emergency due to accidents beyond their control, I hereby release Lumberton Department of Recreation, its supervisors, sponsors, employees and program volunteers, from all liability.

Parent/Guardian Signature

Date

I would like to volunteer for the following:

COACH _____ ASSISTANT COACH _____ NAME: _____ SHIRT SIZE _____

DATE PAID _____ RECEIVED BY _____ CHECK # _____ AMOUNT \$ _____

*Please reference the website – www.lumbertontwp.com for **return check** and **refund policies**.
There is a \$20 return check fee.