



BOYS & GIRLS CLUBS
OF NORTHWEST NEW JERSEY

ROLLER HOCKEY

*All Games will be played at the Randall Athletic Hockey Rink at
the Boys & Girls Club of Pequannock
19 Oak Avenue, Pequannock NJ*

Our Roller Hockey Program will be made up of the following divisions:

- Kindergarten Division: Clinic will meet once per week
- Biddy Division: Grades 1 & 2:
- Intermediate Division: Grades 3, 4, and 5
- Junior Division: Grades 6, 7, and 8
- Senior Division "High School League": Grades 9-12



Divisions are subject to change based on enrollment

The season will run from mid July to August. There will be 2 games per week.

All Games will be played on WEEKDAYS. There will be no games played on weekends.

****SKILLS EVALUATION AND DRAFT****

Skill Evaluation to be held the week of June 28th

The evaluation and draft is used to keep teams as evenly matched as possible.

All participants will be placed on a team regardless of experience or ability.

We **CANNOT** honor requests for children to be placed on a team with a friend or specific coach.

Players must supply their own gloves, elbow pads, kneepads/ shin guards, and sticks.

The Boys & Girls Club of Pequannock will provide goalie equipment for goalies.

Registration deadline is June 18th 2010

A \$5 LATE FEE WILL BE CHARGED AFTER REGISTRATION DEADLINE.

THE \$5 FEE WILL BE ASSESSED ONCE PER FAMILY.

****ALL CORESPONDENCE WILL BE SENT BY EMAIL****

****PLEASE PROVIDE AN EMAIL ADDRESS ON BACK OF FORM****



Member Fee: \$75 (non-refundable)

Non-Member Fee: \$110 (\$75 + \$35 Membership fee)

10% family discounts available for 3 or more children

ALL NEW MEMBERS MUST REGISTER IN PERSON

Mail form and fee to:

Boys & Girls Club of Pequannock

P.O. Box 195

Pequannock, NJ 07440

973-633-9007

www.bgcwnj.org

Not a school sponsored event

**Boys & Girls Clubs of Northwest New Jersey
2010 Summer Roller Hockey Program**

Child's Name: _____ **Date of Birth:** _____
Address: _____ **Age:** _____ **Grade:** _____
City: _____ **State:** _____ **Zip:** _____ **Sex:** _____
Home Phone: _____ **Emergency Phone & Contact:** _____
Roller Hockey Division: _____
E-Mail Address: _____
T-Shirt Size (please circle one) ys ym yl yxl as am al axl

Parent/Guardian Information:

Mother's Name: _____ **Cell Phone #:** _____
Business Name & Address: _____
Business Phone: _____

Father's Name: _____ **Cell Phone #:** _____
Business Name & Address: _____
Business Phone: _____

Does your child have any impairment? _____

Sponsors: We need sponsors to help defray the cost of our Roller Hockey Program. Sponsorships are \$100 and are tax deductible. Sponsors will have their company name on all team shirts, schedules, and rosters.

Company or sponsor name	Contact person & Phone #
Company or sponsor address	

Coaches: We need coaches for your child's team!

Name	Phone #
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I hereby give consent for my child to participate in the Boys & Girls Club of Northwest New Jersey Summer Roller Hockey Program. I assume all risk in regard to participation in this and any other Boys & Girls Club program in which my child may participate. I release, indemnify and agree to hold harmless the Boys & Girls Club of Northwest, Inc. its directors, officers, coaches, and volunteers from any liability that may result from participation in Boys & Girls Club activities.

By my signature, I attest to the following:

- That the above information is correct.
- That in the event of a medical emergency, I authorize the Boys & Girls Club of Northwest to seek emergency medical care for my child as deemed necessary by the Director.

Signature of Parent or Guardian	Date
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