



KEARNY RECREATION STREET HOCKEY REGISTRATIONS
KEARNY RECREATION DEPARTMENT
 402 Kearny Avenue, Town Hall

Registrations:

Thursday, October 15, 2020 through Monday November 2, 2020
 Kearny Recreation Department 402 Kearny Avenue 9:00a.m. to 4:30 p.m.

[May also register on-line at
 https://register.communitypass.net/townofkearny](https://register.communitypass.net/townofkearny)

LATE REGISTRATIONS WILL NOT BE TAKEN.
NO REFUNDS AFTER REGISTRATIONS HAVE CONCLUDED

League Fee: \$35.00

Age Divisions

U9 (ages 6-8) cannot turn 9 before January 1
 U12 (ages 9-11) cannot turn 12 before January 1
 U15 (ages 12-14) cannot turn 15 before January 1

Equipment required: All players must wear hockey helmet with cage, mouth guard, shin guards, hockey gloves, elbow pads, protective cup (males) during practices and games.

We are in need of coaches, assistant coaches & Referees. If interested please fill out the section below. All volunteers are required to submit a coaches/volunteer application and a fingerprint background check. If

Please be advised that due to the large enrollment of our programs, there is no guarantee of your child being placed on a certain team or with a certain child. For Further information please call the Kearny Recreation Dept. at 201-955-7983.

Kearny Recreation Street Hockey Youth Registration Form

Please print all information clearly

Boy or Girl

Name _____ Address _____ email: _____

Date of Birth _____ Age _____ School _____ Grade _____ Shirt Size: _____

Home Phone _____ Cell: _____ Emergency Number _____

Name: Health Insurance Carrier _____ Policy No. _____

Yes, I am interested in Coaching, Assistant Coaching or Referee (circle one)

NAME: _____ CONTACT NUMBER: _____

Has your child ever participated in a Kearny Recreation Program: Yes or No

Please read and sign below:

I/We the parents of the above named child do hereby give my/our approval to his/her participation in any and all activities. I/We do assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities: and do further hereby release, absolve, indemnify and hold harmless the Town of Kearny and the organizers, sponsors, and supervisors: any or all of them. In case of injury, to my/our child I/We waived all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our child to or from the activities. I/we will furnish his/her certified birth certificate upon request.

Signature _____ Date _____
 (Parent or Guardian)

FOR OFFICE USE ONLY: Registered By: _____ Date: _____ Fee: _____ Check/Cash /MO