Lynnewood's Floor Hockey Club will start playing the first week in February! EVERYONE is encouraged to come out to practice, whether you are new to the sport, or already a pro be sure to wear sneakers and appropriate clothing to practice. Because safety is important, you will need a mouth guard and eye masks. You can purchase the mouth guard at any sporting goods store. Lynnewood will be ordering the eye masks in bulk and we ask for a payment of $5.00 for the glasses. The floor hockey program is intended to be a fun, recreational activity for the kids. We hope that new friendships will be developed within and between grade levels, while enjoying healthy competition. This club is for participating students only, due to space limitations there are no spectators. Each child will have the opportunity to play various positions. Games will be held in the Lynnewood Gym. **All students should be picked up PROMPTLY at 4:25 PM in the PARKING LOT by the FIFTH GRADE WING.** If any children are permitted to walk home, they MUST provide a note prior to the first game.

**All forms must be turned in by Wednesday, January 23rd, 2019 for participation!
1. Signed Permission Slip**

 **2. Signed Cardiac Arrest Information Form**

 **3. Signed Understanding and Risk of Concussion Form**

Please return all forms and money no later than Wednesday, January 23rd, 2019. **We are looking forward to a fun and exciting floor hockey season!** A complete schedule will be given out January 29, 2019.  Mr. Gagat (Mr.G.) and Mrs. Johnston

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade/Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dismissal Plan-Please place a check mark indicating how your child will be getting home from Floor Hockey.
\_\_\_\_\_\_\_\_\_\_Walking home \_\_\_\_\_\_\_\_ Parent/Guardian PU