



INDOOR HOCKEY

WINTER 2020



- WHO:** 9th-12th grade girls from Springfield, Millburn, and Summit
- WHAT:** Instructional clinics and games
- COACH:** Robin Cornelison, Springfield resident
- WHERE:** Chisholm Community Center, Lee Adler Memorial Gymnasium,
100 South Springfield Avenue, Springfield, NJ 07081
- WHEN:** Wednesdays, January 8th-March 25th @ 7:00-8:00 pm
- FEE:** \$75 per player. No refunds after Wednesday, January 1, 2020.
Fee cannot be pro-rated for late registrations or missed sessions.
- HOW:** Visa, Mastercard, or Discover at
<https://register.communitypass.net/springfield>
- INCLUDES:** Shirt, loaned indoor stick (if needed), balls, goals, coaching
- DOES NOT INCLUDE:** Indoor stick, goggles
- QUESTIONS:** (973) 912-2227 or recreation@springfield-nj.us

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Player Name _____

Date of Birth _____ Grade _____ School _____

Shirt Size YXS ____ YS ____ YM ____ YL ____ YXL ____ AS ____ AM ____ AL ____ AXL ____ AXXL ____

Street Address _____ Town _____

Home Phone _____ Parent Cell _____

Parent Email _____

Health Concerns/Physical Limitations/Allergies/Inhaler/Epi-Pen/Glucagon/Modifications Requested _____

Emergency Contact Name _____ Phone _____

My child has been examined by a physician and, to the best of our knowledge, is physically fit to participate in indoor hockey clinics. Permission is hereby granted for my child to engage in indoor hockey clinics. The Township of Springfield, employees, volunteers, coaches, and agents will not be held liable for any injury incurred by my child from indoor hockey clinics. I understand that under state law, players who normally wear corrective eyeglasses must wear protective shatterproof eyewear during indoor hockey clinics. I understand that the Chisholm Community Center is open to the public, and members of the public and the press may advertently or inadvertently photograph and video my child and use those images for their own use without my permission. I give permission for my child's photograph and video to be captured by Township of Springfield employees and used in print publications, online publications, presentations, websites, and/or social media. I hereby authorize representatives of the Springfield Recreation Department to give consent for any and all necessary emergency First Aid or medical care for my child while my child attends indoor hockey clinics.

Parent Name (Print) _____

Parent Signature _____ Date _____