

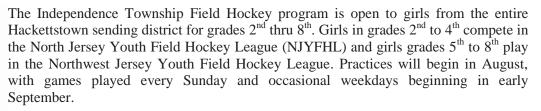
FALL 2017

Recreation Program



Visit our New Recreation Department website at http://independencenj.recdesk.com

RECREATION FIELD HOCKEY GIRLS GRADES (2ND - 8TH)



IN-PERSON REGISTRATION DATES

Wednesday, June 7th 5pm to 7pm

Location: Field of Dreams Pavilion

Program LevelResident FeeNon-Resident FeeGRADES 2 - 8\$55\$75(REGISTRATION DEADLINE IS JULY 7th)

Three Easy Way	ys to Register
Inree Easy was On-line Registration For the convenience of our residents we now offer on-line registration. To register online: 1) Visit the Independence Township Recreation website at http://independencenj.recdesk.com (no www in address) 2) Click on the Create Account tab. Be sure to add all family members.(You will need to only create an account once) 3) After you have created an account, Log in to your account. 4) Click on the Program tab and find the program you want to register for. 5) Follow the registration steps and accept the waiver form. 6) Lastly, we do accept payment on-line. Payment can also be made via check, mailed or dropped off in-person. Payment must be made to complete registration.	Mail-In or In-Person Registration The registration form on the back can be completed and mailed in or dropped offed: To mail in your registration: 1) Complete the registration form. 2) Mail completed form and checks to: Independence Township Recreation 286-B Route 46 West PO Box 164 Great Meadows, NJ 07838 In-person registrations can be dropped off at the same address above Monday-Friday 8:00am-4:00pm or we will be holding in-
Make checks payable to: Independence Township Recreation.	person registrations on June 7th. Times and locations for those dates are listed above. Make checks payable to: Independence Township Recreation.

Independence Township Recreation

286-B Route 46 West; Great Meadows, NJ 07820 * Tel: 908-637-4133 * e-mail: indrecsports@independencenj.com





Participant Registration Form On-line Registration available at

http://independencenj.recdesk.com



	Head of Household (or parent): First Name				t Name		
Address:				City:		Zip:	
lome Phone:	Cell Phone:				Date of Birth:		
pouse (or other parent): First Name							
dress:							
					Date of Birth:		
Iousehold Email (please print clea							
						Independence	
Participants Name	Grade	Sex	Birth Date	Shirt Size	Program Level	Resident (Y or N)	Fee
Shirt Sizes: YS (6-8) YM (10-12) YL (14-16), Adult Sr	mall, Adul	t Medium, Ad	lult Large, A	dult XL		
rogram Level / Fees: Youth - Grades					TOTA	L FEES \$	
Intermediate – Grade							
Senior – Grade	s 7^{th} and 8^{th} (\$55	Residents	s / \$75 Non-R	esidents)	Make	check payable to	:
						ce Township Rec	
							reation
			Emergen	cy Informa			reation
Emergency Contact: Name			•	•			
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Additional Comments, Allergies o	r Medical Info	Volun	(Please list	participant	tion Emergency Phone: S name):		
Additional Comments, Allergies o	r Medical Info	Volum	(Please list teer Coach I -4 th 5 th -6 th	nformation 7 th -8 th	tion Emergency Phone: i's name): n Position: Head	Assistant	
Additional Comments, Allergies o	r Medical Info	Volum	(Please list teer Coach I -4 th 5 th -6 th	nformation 7 th -8 th	tion Emergency Phone: i's name): n Position: Head	Assistant	
Additional Comments, Allergies o Do you wish to coach: YES NO Volunteer Coaches Name:	r Medical Info	<u>Volum</u> ades: 2 nd	(Please list teer Coach J -4 th 5 th -6 th	nformation 7 th -8 th	tion Emergency Phone: i's name): Position: Head Coaches Phone:	Assistant	
Additional Comments, Allergies o Do you wish to coach: YES NO Volunteer Coaches Name:	r Medical Info What Gra What Gra y waive, release, a, liability from perso vities. I also give m	volum ades: 2 nd gree not to mal injuries y permissio	(Please list teer Coach 1 -4 th 5 th -6 th sue and hold has or damages I on n for any photo	nformation 7 th -8 th	tion Emergency Phone: t's name): Position: Head Coaches Phone:	Assistant s, commissioners, office n, traveling to or from,	ers, or
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