

Parsippany Recreation Department

Roller Hockey

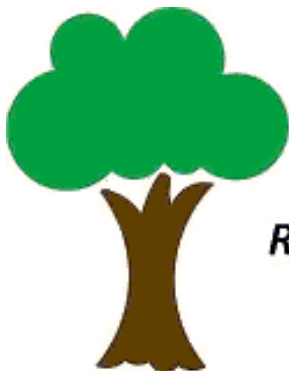


- Who:** Girls and Boys from Parsippany
- Ages:** 4 thru 14 years old (not in high school) must be age 4 by March 1, 2012
- Registration:** Parsippany Recreation Dept: via US mail, in-person or online at www.parsippany.net
PLEASE NOTE: If registering online, the form on the back of this flyer is still required to be filled out and returned to the Recreation Dept.
- Fee:** \$50 per resident; \$75 per non resident
- Season:** League play begins in April and continues through the end of June. Games are scheduled on Saturdays.
- Equipment:** Children are required to wear protective equipment, which is not provided. A list of equipment needed will be available at registration or at the league website.
- Team:** The league's goal is to insure that each team has equal talent. This goal makes it impossible to honor all requests for teammates and carpooling. Please consider becoming a goalie, as they are always needed.



Volunteers are needed!

This is a volunteer run program and help is needed, so please volunteer. This program cannot be successful unless Volunteers step up & help out.



**Pride in
Parsippany**
Recreation Department
973.263.7257
www.partroyrec.com
recreation@parsippany.net

Registration Form on Back



2012 Roller Hockey

Name: _____ Birth Date: _____
Please print child's name

Mailing Address _____
Number Street (Apt# if any) Town Zip Code

Email Address _____

Telephone # _____ Emergency Contact Name _____

Emergency Telephone # _____ Relationship: _____

Authorized People to pick up your child in the event of illness, accident or early dismissal:

Name _____ Telephone # _____

Cell # _____ Relationship to Child _____

Name _____ Telephone # _____

Cell # _____ Relationship to Child _____

Medical Insurance: Name of Company: _____

Policy # _____

Group # _____

List allergies (if any) _____

List medications (if any) _____

Medical Conditions we should be aware of (if any): _____

Parent's permission to administer anesthetic and / or emergency treatment as may be required? Yes___ No___

By enrolling and signing this application, I give my permission to attend any field trip or activity and authorize any medical treatment in my absence for the well being of the child, in case of an emergency. Please list any special medical or physical needs, medical conditions, or allergies the personnel should be aware of. I understand if my child requires an inhaler/epi-pen that the child is responsible for taking it with him/her on any field trip or activity.

Any accident or injury must be reported to the Recreation Office the following work day.

The applicant, parents, guardians or family members, to the fullest extent permitted by law, hereby agrees to indemnify and hold harmless the Township of Parsippany-Troy Hills and all of its agents, directors, officers, employees and volunteers and the physician or hospital treating my child, against any and all claims, judgments, demands for damages and expenses, including but not limited to attorney's fees, arising out of, by reason of, on account of, in consequence of, or in connection with their child's participation in the program and various activities, arising from accidents to any persons or property caused by or to the child or other participants or any other person(s) to which this application applies.

Parent will be responsible for the conduct of their child while participating in the program and enforce all rules and regulations as required by the Township's Recreation program. Parent agrees and acknowledges that any violations to the rules and regulations will not be tolerated and child may be subject to expulsion from this program and any other Township sponsored program.

Parent/Guardian _____
please print name

Parent/Guardian Signature X _____
please SIGN here