

# Franklin Township Field Hockey

## Registration information

We will now be taking registration for the fall season. Fall season is open to girls from 2<sup>nd</sup> to 8<sup>th</sup> grade. We are hopeful that we will be getting back on the field very soon and want to be prepared to start as soon as we are told we can. The actual start date of our season remains unknown. No money will be taken at this time related to the unknown start date. Money will be do at the first practice. If you have credit from camp it will be applied to your registration fee. We are taking every measure to ensure a safe return to the field for everyone. We look forward to seeing everyone as soon as possible.

We ask that you complete the registration form and return it to Franklin Township Field Hockey at PO Box 146 Franklinville NJ 08322 or email it to [Franklintwpfieldhockey@gmail.com](mailto:Franklintwpfieldhockey@gmail.com)

If you have any questions feel free to contact

Wendy Conrad 609-319-4208

## EMERGENCY INFORMATION & CONSENT

Athlete's Name : \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ WorkPhone:(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ WorkPhone(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Family Medical Insurance:

Carrier: \_\_\_\_\_ Group: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Allergies (list) \_\_\_\_\_

Serious medical conditions (list): \_\_\_\_\_

I/we hereby grant consent to any and all health care providers designated by: Franklin Township Field Hockey to provide my child \_\_\_\_\_ (name) any necessary medical care as a result of any injury/illness.

This consent includes first aid and transportation to/from health care providers.

\_\_\_\_\_

Father's signature and date

\_\_\_\_\_

Mother's signature and date

**FRANKLIN TOWNSHIP FIELD HOCKEY  
2020 KNIGHTS FIELD HOCKEY REGISTRATION**

**Register:** \$135 per child. Please make check payable to FRANKLIN TOWNSHIP FIELD HOCKEY at time of registration.  
\$10 discount for each addition child registering. There are no refunds.

The registration director may give credit toward a subsequent registration should circumstances warrant.

**Deadline:** June 30th - OPENINGS NOT GUARANTEED AFTER THAT DATE

**Eligibility:** Franklin Township resident in Grades 2nd through 8 or live in a town with no Field hockey program  
**REGISTER ONE CHILD PER FORM – PLEASE COMPLETE THE ENTIRE FORM**

**Name of Child:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

**Address:** (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Age:** \_\_\_\_\_

**School Attending (Fall 2020):** \_\_\_\_\_ **Grade (Fall 2020):** \_\_\_\_\_ (Must be K to 8<sup>th</sup> Grade)

**Mother's Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ Do you receive texts?  Yes  No

**Father's Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ Do you receive texts?  Yes  No

**Email Address:** \_\_\_\_\_

**MEDICAL CONDITION:** Does child have a medical condition?  Yes  No

If yes, please explain:

**SAFETY REMINDER:** All children who wear glasses must wear safety lenses with safety sports goggles. NO JEWELRY ALLOWED.

**FUNDRAISER:** Each player is required to participate in fundraising, which supports the field hockey league and benefits the players.

**VOLUNTEERS:** Please indicate any activities with which you are interested in helping.

Coaching  Field Preparation  Fundraising  Home Game Concessions

**PROGRAM INFORMATION:** Franklin Township Field Hockey competes in the South Jersey Youth Field Hockey League for grades 3 to 8. Grade 2 will compete with other towns based on their participation at that level. Games are played in various locations.

**PRACTICE:** Will begin late July and be held on weeknights from, 6:15pm to 8pm, or weekend afternoons at the discretion of the coach for that team as approved by the league (weather permitting) at Forest Grove Field, located on Forest Grove Road.

**UNIFORMS & EQUIPMENT:** All players must have MOUTH GUARD and Field Hockey SHIN GUARDS (NO SOCCER SHIN GUARDS), CLEATS, a properly sized STICK. Equipment, black hockey skort and socks one pair of red and one pair of black must be provided by the player. Uniform jersey must be purchased by player cost to be determined. Ordering information for socks and skorts will be provided to parents by the League.

**Uniform Shirt Size** CS \_\_\_\_\_ CM \_\_\_\_\_ CL \_\_\_\_\_  
AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_