

# WESTAMPTON RECREATION DEPARTMENT

## 2018 RV YOUTH FIELD HOCKEY LEAGUE

### REGISTRATION FORM

This is **NOT**  
a School  
Activity

**DATES:** LATE AUGUST-NOVEMBER 2018

**GAME DAYS:** MINI DEVILS AND JUNIOR DEVILS - SATURDAY GAMES  
SENIOR DEVILS (chosen by age and ability) - SUNDAY GAMES

**LOCATION:** RV SPORTS COMPLEX and WESTAMPTON COMPLEX  
Junior and Senior Devils will travel to compete with other Burl. Co. League Teams

**FEES:** **\$65** PER MINI PARTICIPANT (K-2) – fee includes uniform t-shirt (socks are \$5 extra)  
**\$80** PER JUNIOR (3<sup>rd</sup>-5<sup>th</sup>) /SENIOR PARTICIPANT (6<sup>th</sup>-8<sup>th</sup>) plus **\$50** Uniform Fee to be used by player until outgrown and/or needs a new one

Go to <http://www.rvyouthfieldhockey.com/home.html> to order your uniform ASAP

**PARTICIPATION:** (GIRLS) IN KINDERGARTEN THROUGH 8TH GRADE

**LEAGUE INFORMATION:** The goals of this league is to stimulate a love for the game by immersing the players in the sport, by giving them opportunities and training essential for their improvement. Players will be introduced to the game and exposed to competition on various age and skill appropriate levels. Environment is safe and structured. Instructors and coaches are experienced field hockey players/coaches. Participants should wear comfortable clothes and shoes, and be ready to practice. **Players will need a stick, shin guards and mouth guard. Goggles are optional.**

**REGISTRATION DEADLINE**  
**FRIDAY, JULY 20, 2018**

PLEASE PRINT LEGIBLY - USE ONE FORM PER PARTICIPANT

PARTICIPANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PHONE: (\_\_\_\_)\_\_\_\_\_ FAMILY E-MAIL ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_ (AS OF 9/1/18) BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE ENTERING: \_\_\_\_\_

PARENTS' NAMES: MOM: \_\_\_\_\_ CELL PHONE: (\_\_\_\_)\_\_\_\_\_

DAD: \_\_\_\_\_ CELL PHONE: (\_\_\_\_)\_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: (\_\_\_\_)\_\_\_\_\_

Does participant have any known allergies or medical conditions that need specific attention during the program?  
Please be very specific: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NO REGISTRATIONS ARE ACCEPTED WITHOUT PAYMENT AND PAYMENTS ARE NON-REFUNDABLE.**

Please make check payable to: Westampton Recreation  
Mail or drop off: Westampton Municipal Building  
710 Rancocas Road  
Westampton, NJ 08060  
ATTN: Recreation Department

ANY QUESTIONS, PLEASE CALL  
THE WESTAMPTON RECREATION  
OFFICE: 609-267-1891 (EXT 8)

2018 RYVFHL Do Not Write in This Box - For Accounting Purposes Only For Office Use Only:  
Amount Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check No: \_\_\_\_\_ Received By: \_\_\_\_\_ Special Notes: \_\_\_\_\_

