



Field Hockey

Instruction by Total Dutch Field Hockey Professionals - Exclusively for Bridgewater Residents! Designed Specifically for Girls in Grades 3 – 6 (2018-2019 school year)

Grades 3 & 4: Tuesdays, October 2, 9, 16, 23, 30, November 6, 2018; 5:30 – 6:30pm

Grades 5 & 6: Thursdays, October 4, 11, 18, 25, November 1, 8, 2018; 5:30 – 6:30pm

Location: Soccer Centers, 300 Memorial Drive, Somerset

Cost: \$40.00 payable to Soccer Centers *checks only please*

Learn or improve Field Hockey skills with the pros from Total Dutch Field Hockey! Players must bring a mouth guard, shin guards, and water. Please bring your own stick if you have one, if not there will be sticks available to borrow.

Registration is strictly limited and on a first come, first served basis. There are three ways to register; in person at the Bridgewater Recreation Department (100 Commons Way), by mail, or by dropping off your registration form with a check for \$40 payable to “Soccer Centers” in the Recreation mail slot on the Garretson Road side of the Municipal Building.

Bridgewater Recreation, 100 Commons way, Bridgewater, NJ 08807, www.bridgewaternj.gov, (908)725-6373 9am – 5pm Monday – Thursday, 8am – 5pm Friday
Follow us on Twitter! @BridgewaterRec

Total Dutch Field Hockey 2018

\$40.00 payable to “Soccer Centers” *checks only*

		3	4	5	6
Participant Last Name	First Name	Circle Grade (2018-19 school year)			

Street Address	Town	Zip
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Home Phone #	Cell Phone #	Work Phone #
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Email Address	Session Attending
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By checking this box, I am indicating that my child has individual needs due to a disability. I need to be contacted regarding reasonable accommodations as per the ADA for my child and will be notified regarding special considerations for my child. Note: The Bridgewater Recreation Department will need this form three (3) weeks prior to the program start date.

Injuries may occur. Please note the Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family’s medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

Parent Signature

_____/_____/_____
Date