



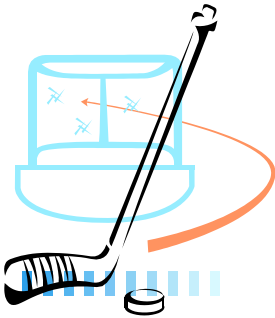
Boy's & Girl's Floor Hockey Registration 2016 1st, 2nd, 3rd, 4th and 5th Grade

Saturdays, February 27- April 9

Fee: \$8.00 Residents, \$12.00 Non-Residents \$11.00 Residents of Cleveland, Mosel, Centerville.

Registration Deadline: Thursday, February 18th.

Floor Hockey is a fast paced indoor game that all boys and girls can enjoy. The game is played similar to ice hockey. Players will attempt to score goals by using a plastic Rec. Dept. issue hockey stick to shoot a ball or plastic puck into a goal. This program will emphasize fun and team play in an organized setting. Each session will last approximately one hour. Parents are needed to help make substitutions during games. Participants will receive a game schedule on the first day.



• On Saturday, February 27, participants should show up at **Pigeon River Elementary School Gym** at the following times:

1st, 2nd: 9:00am-10:00am Code 8399
3rd, 4th and 5th Grade: 10:10-11:10 Code 8400

- At this time, the children and team leaders will be introduced to the rules of the game, player positions, stick handling fundamentals and play a short scrimmage game in addition to receiving their game schedule.
- **Starting March 5th**, your child's game may be played anytime between 9:00am and 12:00 p.m. as designated by the schedule.
- Recreation Weather Cancellation Hotline 208- 5805. If Sheboygan is experiencing extremely cold weather or heavy snow accumulation call by 8:00 am to see if games for the day have been canceled.

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2016 Floor Hockey Registration Form

FEE PAID: \$8 \$12 (late fee add \$2.00 after Thursday, February 18th)

Return with registration fee to: Community Recreation Department by **Thursday, February 18, 2016.**

Name _____ Circle one: Boy Girl Birthdate _____ Age _____ Grade _____

Address _____ Phone _____ School Attending _____

Parent's Names _____ Email Address _____

Medical problems or conditions leaders should be aware of? _____

Liability Waiver Release

I, _____, (Parental signature) as guardian of the above named player do hereby grant permission for him/her to participate in the Floor hockey Program sponsored by the Sheboygan Area School District and acknowledge the risk of accidental injury that may occur to the player mentioned above while participating in this activity. The above parental signature also authorizes treatment by a qualified and licensed medical doctor in the event of a medical emergency. Yes _____ No _____

Name of person to contact in case of emergency _____ Phone _____

👉 Floor Hockey Requires Volunteer Help! Team Leaders are needed!

____ I am interested in being a team leader.

** I understand that signing here will **automatically** assign me to lead a team** Date of Birth _____

Parent's Name _____ Home Phone _____ Work Phone _____