



Woodland Floor Hockey

- SPRING Session -

K-2nd Grade

Games will begin on January 29th and end on April 23rd. Games are scheduled for Friday nights at 5:45 pm. The cost is \$60.00 per child and each child will receive an award and t-shirt.

Equipment you will need

1. Hockey Stick with bendable plastic blade only
2. Mouth Guard
3. Protective Eye Goggles
4. Protective Cup (males only)

All of the above items are mandatory.

No jewelry of any kind may be worn during games.

Rosters will be posted on the Champions Office window facing outside on or before January 22, 2010 by 5:00 p.m. The information posted will include your child's team name, the name and phone number of your coach, and a game schedule. You can expect to receive a phone call from your coach approximately five to seven days prior to your first game.

Refunds

Once your child has been placed on a team roster we are unable to offer a full refund. You may at the discretion of the League Director receive a partial refund or credit of \$40.00 prior to the first game. After the first game there will be no refunds issued.

Make-up games

In the event that the school requires the Gymnasium on a scheduled game night, we will make every effort to reschedule the game; however we may not always be able to do so.

Registration

There are 3 ways to register:

1. Complete this form (with payment) and drop off on Friday night during game time from 5:15 p.m. – 8:30 p.m. through January 15, 2010 at Elementary East or West Gymnasium.

2. Mail completed form (with payment) by January 15, 2010 to:
Champions Extended Learning Program – Floor Hockey
17368 W. Gages Lake Road
Gages Lake, Illinois 60030

3. Drop this form off (with payment) during normal school hours at the Champions Extended Learning Program (17368 W. Gages Lake Road) by January 15, 2010.

Questions?

Woodland Floor Hockey League

John Becker, Director at 847-356-8002 or email Woodlandhockey@sbcglobal.net.

Champions Extended Learning Program

Tracy Martha at 847-680-6487 or email TMartha@klcorp.com

Attention

Registration is accepted on a first come, first serve basis. Once a level is full, it is closed regardless of the date your registration form was received. Please note programs fill up quickly! If the session is full when we receive your registration, we will return it back to you and place your child's name on a waiting list. If we have an opening, we will call you in the order of the date we received your registration.

Checks are made out to **CHAMPIONS**

DO NOT TURN THIS FORM INTO YOUR CHILD'S TEACHER

Name _____

Grade _____ Phone # _____

Address _____

City _____ Zip _____

Youth Shirt sizes: S M L XL

Adult Shirt sizes: S M L XL XXL

Coaches are always needed - Please consider

volunteering today! It is not necessary to know a lot about hockey to be a great coach. If you enjoy working with children and have about an hour a week to devote then we would love to have you join us! Volunteering is not only rewarding, but a great way to spend time with your child.

Yes – I would like to volunteer! Coach or Assistant (circle one)

Your Name _____

Contact Information _____

Waiver & Release of all Claims

In consideration for my child's participation in the program. It is agreed that I/we _____

parent/ guardian of _____

our agents, heirs, representatives, assign & successors do/does hereby waive, release, indemnity, defend & forever discharge Woodland Floor Hockey, KLC Champions, Board of Education of Woodland Community Consolidated School District 50, it's Board members, administrators, officers, directors agents & employees from & against any & all claim, demands, actions whether developed or undeveloped known or unknown past or present & future. Including but not limited to any or all costs, including attorneys fees, arising out of or in any way connected with the activities at this program.

Signature & Date _____

Emergency Authorization: In the event of illness or injury, I/we hereby authorize those in charge to take all necessary steps to obtain or provide medical treatment. I/we further agree to be responsible for the payment of any & all medical services rendered.

Signature & Date _____