



2010 Indoor League

To be held at:

The Monroe Sports Center

4 Farrington Blvd Monroe, NJ 08831

Date: Games start week of **Jan. 4** and run through week of **Feb. 22**

League Set-Up:

5 Field Players Plus Goalie (10 recommended on a roster)
National Indoor Rules will apply (see www.usfieldhockey.com for more information on the indoor game - side boards will be used)
True indoor face paced game helps fine tune skills in the off-season
Games played on Monday evenings
Game times are 8-9:00 PM; 9:00-10:00 PM; 45 min. games
Officials provided and paid for by Jersey Intensity Field Hockey

Bring: Stick, Mouth Guard, Shin-Guards, Sneakers & Water Bottle.
Indoor stick recommended but not required.
Goalkeepers need to bring all their own equipment.

Available: Uniforms shirts will be provided by Jersey Intensity players.
Ice will be available.

Registration: \$1200.00 per team. **The team captain or coach must complete team roster form and mail a \$200 deposit to guarantee spot in league.**
Contact Kathleen Stefanelli for more information.

Field Hockey Director

Kathleen (Kelly) Stefanelli

Assistant Coach at Monmouth University 1998-2002. **Four-time All-American at Princeton University.** Captained the teams that participated in the 1996 & 97 NCAA Division I Final Four. Selected to the **Under 21 National Team in 1997.** All-American and All-State player at Shore Regional High School. Selected to the 1990's **New Jersey Team of the Decade.**

Jersey Intensity Field Hockey

6 Columbus Drive, Monmouth Beach, NJ 07750

Call 732-252-5119, Fax 732-413-8552 or E-Mail Director

Kathleen (Kelly) Stefanelli - kakelly@intensityfieldhockey.com

For more information on other events - www.intensityfieldhockey.com

**Make check payable to: Jersey Intensity Field Hockey
Mail To: Jersey Intensity Field Hockey Indoor League
6 Columbus Drive
Monmouth Beach, NJ 07750**

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Full payment is needed to secure spot – no spaces will be held

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Jersey Intensity Field Hockey – 2010 Indoor League, Monroe Sports Center

Name: _____ Age: _____ Grade: _____

School: _____

Position: _____ E-Mail Address: _____

Address: _____ Town: _____

St: _____ Zip: _____

Name of Parents / Guardian: _____ Home # (____) _____ - _____

Emergency Phone: (____) _____ - _____ Work # (____) _____ - _____

Please list any current medical condition that may interfere, in any way, with full participation at the Jersey Intensity sport camps including Asthma or any allergies (medications . . .)

I give permission for my child to attend and participate in the Jersey Intensity field hockey clinic. I hereby authorize the directors and employees of Jersey Intensity Field Hockey, LLC to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Jersey Intensity Field Hockey Camps and its employees from any and all liability from injuries and illness while participating in camp. I certify the above named individual is physically fit and able to participate fully in the above indicated Jersey Intensity field hockey camp.

Parent's Signature _____ *Date* _____

Insurance Carrier _____ *Policy Number* _____

Doctor's Name & # _____ *Preferred Hospital Transport* _____

The following statement, to be completed by the parent/guardian, will permit the coach to get emergency treatment for your daughter. I, _____, parent/guardian of _____ give my legal authorization to have my daughter receive emergency medical care.

Signed _____

Dated _____

Jersey Intensity 2010 Indoor Field Hockey League Roster Form

Team: _____

Coach/Contact: _____

Phone Number: _____

EMAIL Address: _____

ROSTER – NAME, MAILING ADDRESS AND EMAIL ADDRESS

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____
