



**7th Annual Summer Field Hockey
Adult League**

7 vs. 7

To be Held at the:

Monmouth University So Sweet a Cat Field

Outdoor True Artificial Turf

Cedar Ave., West Long Branch, NJ 07764

(Exit 105 off Garden State Parkway)

- Purpose:** To keep your game sharp with competitive play in the Central Jersey area.
- When:** 8 Weeks; Sun. May 23rd, Sat. June 12th, Sun. June 20th, Sun. June 27th, Sat. July 10th, Sun. July 11th, Sun. July 18th and Sun. Aug 1st or Aug 8th TBD at time of print
- Where:** Monmouth University, So Sweet a Cat Field, Outdoor True Artificial Turf
Cedar Ave., West Long Branch, NJ 07764 (Exit 105 Garden State Pkwy)
- Time:** Between 5:00 – 8:00 PM. Game times finalized after May 1st.
- Level:** Open to College Players and Older (past playing experience required), also open to HS 2010 graduates continuing college play
- Teams:** Teams will be made to be competitive – note: NCAA rules only allow 5 Division I players from the same college on a team.
- Recommended:** Water Bottles, Mouth Guard, Shin Guards and Turf Shoes or Cross Trainer Sneakers.
- Rules:** Running Clock. 40 minutes (depending on number of league participants)
- Fee/Deadline:** \$125.00 Per Player. Deadline: May 1st, or until league is full (latest May 15th). Fee includes official's and trainer's fees.
- Questions:** This league is run through Jersey Intensity Field Hockey not the University, any questions should be directed to Kathleen at kakelly@intensityfieldhockey.com
- To Register:** Please make checks payable to JERSEY INTENSITY FIELD HOCKEY and mail along with completed registration form to:

JERSEY INTENSITY FH Adult League
6 Columbus Drive
Monmouth Beach, NJ 07750

Questions: Contact Kathleen Stefanelli – 732-252-5119 or e-mail kakelly@intensityfieldhockey.com



6 Columbus Drive, Monmouth Beach NJ 07750
732-252-5119
www.intensityfieldhockey.com

2010 ADULT FIELD HOCKEY LEAGUE REGISTRATION FORM :
**** (Spaces will NOT BE HELD, full payment is needed to guarantee spot in league)****

Name: _____ Team Name (if applicable): _____

Address: _____ Town: _____ State/Zip: _____

E-Mail Address: _____

Telephone: (____) _____ - _____ Work #: (____) _____ - _____

Age: _____ Years of Experience: _____ Grad Year (if current college player): _____

Past Experience (Where played - HS Name and/or College): _____

Please write any requests to play with specific people: _____

Position: _____ Honors: _____

Emergency Contact: _____ Emergency Phone: (____) _____ - _____

Please list any allergies – Medications – Insect Bites – Foods – Other Yes No

If yes, indicate what _____

Please list any current medical condition that may interfere, in any way, with full participation in league

I (_____) hereby:

Please Print Name

- Agree to assume all risk of personal injury arising from participating in the Jersey Intensity field hockey camp(s), and understand that the sport(s) indicated above involves the potential for injury, including death.
- Agree not to hold Jersey Intensity or Monmouth University responsible for any injury(s) sustained during participation in league.
- Agree not to bring suit against Jersey Intensity Field Hockey LLC, Monmouth University and/or its staff for any injury sustained.
- Understand that if necessary, in the judgment of the league director, if outside medical, surgical or dental treatment is used for the participant's health and well being, that all such expenses shall be the responsibility of the participant.

Signed (Parent/Guardian sign if under 18)

Date

Office Use Only – Check # _____ Amt: _____