



SOCKEY

Grades 1-5



This co-ed sport was created to learn the game of hockey, exercise, and have fun! It is a safe variant of hockey played indoors with "sock" covered sticks. All equipment will be provided. No experience necessary. Join in the fun! Great indoor activity to keep the "winter blues" away!

Program Fee per Session:

**\$170.00 Hopewell Township
Residents**

\$180.00 Non-Residents

Monday Session: 1/12/26-3/2/26
(no class 1/19 & 2/16)

Wednesday Session: 1/14/26-2/18/26



6:45-7:30pm

Tollgate Elementary School



www.hopewelltpw.org/recreation

609-737-3753

recreation@hopewelltpw.org



HOPEWELL TOWNSHIP PARKS AND RECREATION DEPARTMENT
REGISTRATION FORM - Winter 2025

SOCKEY

This co-ed sport was created to learn the game of hockey, exercise, and have fun! It is a safe variant of hockey played indoors with "sock" covered sticks. All equipment will be provided.

Participant Information:

Name: _____ DOB: _____ Age: _____ 2025-2026 Grade: _____ Gender: _____

Address: _____
Street City, state, zip

Primary Contact (Parent or Guardian):

Name: _____ Email: _____

Cell Phone: _____ Home Phone: _____

Monday Session: 1/12/26-3/2/26 (no class 1/19 & 2/16)

Wednesday Session: 1/14/26-2/18/26

at Tollgate Elementary School

Program Fee Per Session : \$180

\$170 (HT Residents)

Refund Policy:

Program fees will only be refunded if requested in writing three weeks prior to the start of the program. An account credit will be issued for cancellations less than three weeks. Once a program begins, there will be no refund or credit given. Exceptions will be reviewed upon requests. A \$35 administrative fee will be deducted from all refunds/credits given.

Registrants of all ages, by virtue of their participation, agree to be photographed and have pictures published as part of promotional and media campaigns unless we are formally notified in writing of your expressed desire to be excluded.

HOPEWELL TOWNSHIP HOLD HARMLESS AGREEMENT & MEDICAL RELEASE: Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the Township of Hopewell, its agents, servants and employees, Hopewell Township Parks and Recreation, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement. I hereby further authorize emergency medical care for my child/children during attendance in any of the Hopewell Recreation programs. If, in the judgment of the staff, treatment is required for any injury or illness, I also hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child/children, or at the earliest possible time should prior notice prove impossible. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf.

Please be aware my child has the following medical conditions:

SIGNATURE OF PARENT: _____ **DATE:** _____

Make checks payable and send to:
Amt. Remitted: _____
Phone # (609) 737-3753

HOPEWELL TOWNSHIP PARKS & RECREATION DEPT.
201 Washington Crossing-Pennington Road
Titusville, NJ 08560