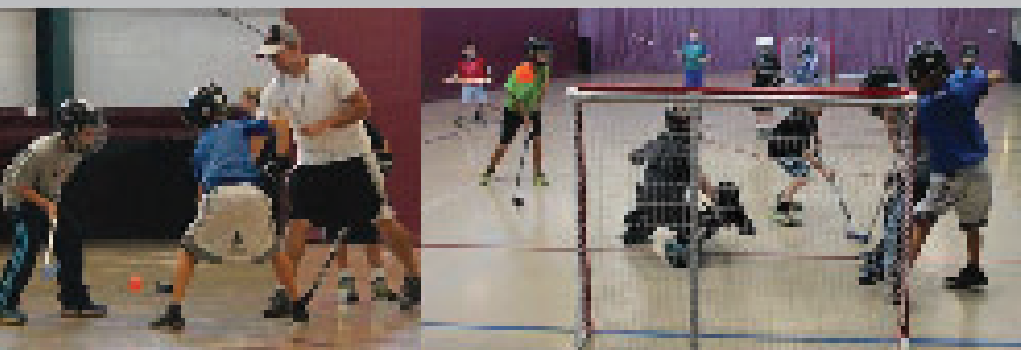


# **STREET DEVILS**

## **FLOOR HOCKEY LEAGUE**



### **GAMES PLAYED:**

**Div 1: Wed, 7pm**

**Div 2: Wed, 6pm**

(Some Saturdays may be added based on enrollment numbers)

**Season Runs Mar 5 - Apr 23**

(Registration due by March 3rd to avoid late fee)

**Boys & Girls:**  
Division 1: Ages 11-15  
Division 2: Ages 6-10

**No Experience  
Needed!**

**\$100**  
per Player

Members & Non-Members

Questions? Call (908) 782-4009 ext. 274  
Register at the Program Desk (908) 782-4009 ext. 233



# HealthQuest Sports – Street Devils Floor Hockey

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

\_\_\_\_\_ HQ Member \_\_\_\_\_ Guest Previous Hockey experience (none necessary): Y / N

Division 1 (ages 11-15): \_\_\_\_\_ -or- Division 2 (ages 6-10): \_\_\_\_\_

T-Shirt Size: YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_

**\$100.00 per player**

HealthQuest and the New Jersey Devils are proud to invite you to participate in the 2024 fall Street Devils floor hockey program. Sessions will be held on Wednesday nights starting March 5<sup>th</sup> through April 23<sup>rd</sup>. The New Jersey Devils and the National Hockey League have donated sticks, nets, balls and goalie equipment. You are responsible for any recommended (but not required) helmets, shin guards, gloves and a mouthpiece. SNEAKERS are the required footwear to participate in this program. NO ROLLERBLADES OR ROLLER SKATES WILL BE PERMITTED. Participants will be notified via email with scheduling details and league updates. **Registration must be turned in by March 3<sup>rd</sup>, 2025 or a \$25 late fee will be charged.** Please direct any questions to (908)-782-4009 x274 or [comerford@hqfit.com](mailto:comerford@hqfit.com).

**Cancellation Fee:** There will be a **\$25.00 cancellation fee** once the enrollment form is received unless the program is cancelled by HealthQuest. No cancellations will be accepted after the program begins. Credit requests due to injury or extended illness must be submitted within 7 days of event and evidenced by a doctor's note.

## RELEASE STATEMENT:

I, the parent/guardian of the registrant, a minor, or an adult registrant of legal age, agree that the registrant and I will abide by the rules of HealthQuest, its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with leagues and in consideration for HealthQuest accepting the registrant for its league programs and activities, I hereby release, discharge, and/or otherwise indemnify HealthQuest, its officers, coaches, managers, referees, its affiliated organizations and sponsors, their employees, and associated personnel, including the owners of the fields and facilities utilized for the league program, against any claim by or on behalf of the registrant as a result of the registrant's actions. I affirm that the registrant is in sound physical and healthy condition and that the athlete is covered by health/accident insurance secured independently. As parent/guardian or the registrant, I hereby give my permission for the participant of the program to be transported for emergency medical care. I hereby authorize consent for emergency medical care prescribed by a duly licensed Doctor or Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve life, limb or well being of my dependent.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Method of Payment (PLEASE CIRCLE)

Cash      Check      Credit Card      Member Charge

Account Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_