

For Parents, older siblings, friends and relatives: This is an opportunity for **YOU** to participate in creating a successful and fun recreational program. **WE LOVE VOLUNTEERS!!** Please let us know if you can assist in any way:
I/We,

_____ am/are available to assist with/as:
 _____ organization
 _____ coach
 _____ assistant coach

For which program _____

Address/Phone No./Email:

For more information call:
 Pat O’Gorman at 782 6601, Ext 1-205
 Email:
 patrick.ogorman@johnsontownship.ca

The Township of Johnson
 1 Johnson Dr.
 Box 160
 Desbarats P0R 1E0

RECREATIONAL HOCKEY PROGRAM

- Ages 4 to 13, co-ed
- 20 weeks from October 25 to December 20 and January 10 to March 28, March Break holidays excepted
- Wednesday evenings: 6:00 to 7:30PM – ages 4 to 7 start at 6:00 pm, ages 8 to 13 start at 6:30PM
- Fee for season: \$135/first child, \$125/second child, \$110/subsequent child
- **Come and Register free skate:** October 18, registration starts at 5:30
Emphasis will be on skills development, participation, fun, and fairness.

***Consideration is given for ability levels:** if you feel your child belongs in the higher or lower age group because of ability, please register in that group.

MORE JOHNSON TOWNSHIP PROGRAMS!

- **Public skating:** Friday evenings: 6:30-7:30PM; Sundays, 6PM-7PM, \$3/person, \$6/family. **STARTS FRIDAY, OCTOBER 20 WITH A FREE SKATE!**
- Registrations are now open for **Adult Recreational Hockey League, Monday and Thursday nights.** Call the Recreation office for info and registration forms

Johnson Township
 Recreation Committee
 “Healthy children for a healthy community.”



**Johnson Township Community Centre
 Desbarats**

**Fall/Winter
 2017/2018**

- **Youth Recreational Hockey Program Registration Form**

Township of Johnson Recreation Program: Fall/Winter Program 2017-18

**UPCOMING JOHNSON
TOWNSHIP EVENTS!**

BIG BUCK CONTEST REGISTRATION
Register by September 30 at the Twp
Office or local businesses.

ATV RUN
Saturday, September 30 - **ATV Run**
begins 10am, Route TBA at
departure time, \$20/hand, \$3 extra
card/hand, bonus mystery prize.
Winner takes half. Proceeds to
Recreation and Fire Departments.

BIG BUCK AWARDS SUPPER
All-u-can-eat Roast Chicken
Supper,
Sunday, November 20th, 5PM
Tickets @ local businesses

KID'S CHRISTMAS PARTY
Sunday, December 10, 1PM,
Free Skate, Snacks, Crafts and
Carols, and a visit from
Santa Claus
Presented by the Desbarats
Women's Institute and Johnson
Recreation

ICE RENTALS
Non-prime time - \$100/hour –
Weekdays - 7am to 4pm
Great for parties or festive events for
families, clubs, churches, social
organizations.
Call the Arena: 782 6723 or email
johnsontownshipof@bellnet.ca

VISIT US ON FACEBOOK AT
**JOHNSON TOWNSHIP
RECREATION** 

DETACH AND KEEP AS A REMINDER!!

Registration Form

Please Print

Child's Full First and Last Name	M/ F	Date of birth	Present Grade	Fees

Total Registration fees enclosed: _____

Johnson Township reserves the
right to cancel, to change
schedules, and to group
participants based on registration
numbers and safety.

Parent or Guardian must sign and
date release form below.

Parent/Guardian Name:

Address:

Phone Number:

Email:

I, the undersigned (legal parent/guardian) in registering for this Program, agree to abide and be governed by all its prescribed by-laws, rules, regulations, policies, principles and philosophies. I certify the child registered here to be physically fit for participation in the program and acknowledge full risk related to the program. I understand that any information collected on this form will be used for the Recreation Program only and will not be passed on to any third parties. I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Township of Johnson and its representatives, successors and assigns for any and all injuries suffered by myself or my child as part of the 2017/2018 Fall/Winter Program. I hereby authorize my child's involvement in the Townships of Johnson's 2017/2018 Fall/Winter Program,

OFFICE USE ONLY PLEASE
Amount Paid:
Cheque: ____ Cash: ____
Amount owed:

DATE: _____

Parent/Guardian Signature _____