



# SPRING FIELD HOCKEY CLINIC



**Registration:**

**March 20 - April 20**

**Clinic Runs April 27th– May 20th —\$35.00 Per Player**

**Moton Elementary School Fields**

**Please Return Registration Forms to TCPR**

**\*Space for Goalie Clinic is Limited**

**Please Circle Level Below:**

**K-2nd**

**Thursdays**

**5:00-6:00 PM**

**3rd-5th & JR Goalie Clinic**

**Thursdays**

**6:00-7:00 PM**

**6th-8th & SR Goalie Clinic**

**Mondays**

**6:00-7:00 PM**

**Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender M F**

**Parent Names (Please Print):**  
\_\_\_\_\_

**Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_**

**Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_**

**Email: \_\_\_\_\_**

**Shirt: (Please Circle One)    YS    YM    YL    AS    AM    AL    AXL**

*I acknowledge that I have complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree to hold Talbot County, its officers, agents, and employees, harmless from and against any and all liability, claims actions, suits, damages, losses, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of any act or omission related to the program (s) offered by the Talbot County Department of Parks and Recreation or any affiliated program.*

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

**For Office Use:**  
**Cash/ Check/ Charge Date \_\_\_\_\_ Staff Initials \_\_\_\_\_ Scholarships are available.**

The Talbot County Public Schools neither endorses nor sponsors the organization (s) or activity (ies) contained herein. The views contained herein are those of the author and are not necessarily shared by Talbot County Public Schools. The availability of this material is provided as a community service.