



SPRING FIELD HOCKEY CLINIC



**Registration:
April 4 - May 1**

**Clinic Runs May 9th - June 3rd - \$45.00 Per Player
Moton Elementary School Fields
Please Return Registration Forms to TCPR
Space for Goalie Clinic is Limited*

Please Circle Level Below:

K-4th	Thursdays	5:30-6:30 PM
5th - 8th	Mondays	6:30-7:30 PM
JR Goalie Clinic (Grades 3-5)	Thursdays	5:30-6:30 PM
SR Goalie Clinic (Grades 6-8)	Mondays	6:30-7:30 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.**

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