



YOUTH FIELD HOCKEY CLINIC

Wednesday's: May 15th – June 5th

Epping Elementary School Field

Introduction to Field Hockey (Grades 2-8): FREE – 3:15-4:30 PM



Our introduction clinics are geared toward youth development and are designed to introduce and teach the basic fundamentals of field hockey to children by emphasizing fun, physical activity. Over the four weeks of this clinic, participants will learn stick skills, take part in drills and get an opportunity to play in mini games/scrimmages. Stick & Ball equipment provided. Mouth and Shin Guards Required!

Participant Name: _____ Age: _____ Grade/Teacher: _____

Parent/ Guardian Name: _____ Phone: _____

Address: _____ Town: _____ Work Phone: _____

Email Address(for program information / updates): _____

Please "like" us on Facebook for last minute program updates! (Epping Parks & Recreation Department)

Important medical history we should know about: _____

Permission to Participate and Parental Acknowledgement:

I understand injuries to participants can occur during recreational activities. I understand that this minor child will be dropped off at designated locations and will need to travel home on his or her on volition without the supervision of the Town of Epping Recreation Department, its representatives, or employees. As parent/guardian, we understand that appropriate arrangements must be made to pick up the child. I understand that **activities** and **transportation** have **inherent foreseeable** and **unforeseeable risks** and **dangers** associated with them. **Risks** and **dangers** may include, but are not limited to: motor vehicle travel, exposure to forces of nature, time of day, remoteness from medical facilities, insufficient cellular phone coverage, encounters with persons not associated with the Town of Epping Recreation Department or the minor child, physical and mental challenges. I acknowledge that this child's participation at the Epping Recreation Department is voluntary.

I have read this form and fully understand that by signing this form I acknowledge and accept such risks.

By signing below, I acknowledge that I have read and understand the above statements.

Parent/Guardian/Participant Signature: _____ Date: _____

(Not A School Sponsored Event)