



SPRING FIELD HOCKEY CLINIC

REGISTRATION

DEADLINE:

APRIL 18TH

_____ **Grades K-4th: 5:00-6:00PM**

_____ **Grades 5th-8th: 6:00-7:00PM**

Wednesday, May 2nd - 23rd
\$45 Per Participant
Talbot County Community Center Fields

Name: _____ Grade: _____ Birth Date: _____ Gender: M F

Parent Names (Please Print): _____

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone: _____ Email: _____

Shirt Size (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: Total Paid _____ Cash / Check / Charge Date _____ Staff Initials _____
Return Forms to: 10028 Ocean Gateway, Easton, MD 21601 ● Phone-410-770-8050 ● Fax-410-822-7107

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