



# SPRING FIELD HOCKEY CLINIC

with Easton High School Coach Debbie McQuaid

**REGISTRATION DEADLINE:**

**APRIL 19TH**

*All players will need a stick, cleats, shin guards, & mouth guard. Players in 3rd-8th will need eye mask.*

**Grades K-2nd: 5:00-6:00PM**

**Grades 3rd-5th: 6:00-7:00PM**

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

**Mondays, May 6th - June 10th**

**\$45 Per Participant**

(\$10 Late Fee After Deadline)

**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   YXL   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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