

ALL FIELDS ARE REQUIRED

# YOUTH FIELD HOCKEY CLINIC

## REGISTRATION DEADLINE IS JUNE 26

CLASS #:	GRADES (fall 10):	DATES:	TIME:	FEE:
WFH	Girls 5 - 9	July 12 - 16	9am - 12:30pm	\$155 R / \$165 NR

I NEED TO PURCHASE: (separate check to Walpole Field Hockey)

\_\_\_\_\_ Total equipment package (stick and shin pads) \$35

\_\_\_\_\_ Replacement stick only \$30

\_\_\_\_\_ Height (must be filled in to purchase equipment)

### GENERAL INFORMATION

- Clinic instruction, Summer and Fall round robin tournament
- T-Shirt, ball, mouth guard included

PRIMARY CONTACT NAME: \_\_\_\_\_ PRIMARY CONTACT D.O.B.: \_\_\_\_\_ (REQUIRED)

EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ (STREET) (TOWN) (ZIP)

SECONDARY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

REGISTRANT KNOWN ALLERGIES: \_\_\_\_\_

CLASS #	REGISTRANT'S FULL NAME	SEX	DATE OF BIRTH	GRADE (FALL '10)	FEE
WFH					
MAKE CHECKS PAYABLE TO : TOWN OF WALPOLE					TOTAL

Secondary Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Read and Sign Below: I am fully aware of the risks inherent and hereby give my consent for the above named registrant(s) to participate in the program(s) offered by the Walpole Recreation Department, and hereby release the Town of Walpole, any of its elected or appointed officials or instructors, employees, volunteers, or program coordinators from any and all liability from injuries, claims, demands, costs, loss of services, expenses and/or damages sustained by me or us or our minor children on account of his or her participation in said program or event.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_

\_\_\_\_\_ Registrants may be photographed while participating in Recreation Department programs. Please provide your permission to publish INITIALS photographs of the enrolled registrants in our brochure or other printed material by providing your initials.

FOR OFFICE USE ONLY		TIME STAMP	COMPUTER INITIALS
DATE RECORDED: _____ / _____ / 2010	RECEIVED BY: _____		
CK # _____	CASH # _____	AMOUNT: _____	