

WORCESTER FIELD HOCKEY

Spring 2020

Grades Pre K-8

Cost: \$60 Grades 1-8 \$40 Grades PreK-K

4 sessions of skills and games

Commerce Bank Field at Foley Stadium

**Sundays starting Sunday April 26th
10am-11:30am Pre K-K 10am-11am**

April 26th 10am-11:30am

May 3rd 4-5:30pm PRE K/K 4-5pm (Due to field conflict)

May 10th 10am-11:30am

May 17th 10am-11:30am

Any questions please email

worcesterfh@gmail.com

Scholarships and Financial Aid Available

**All players need to have a stick, shin guards and a
mouth guard**

**** Sticks available to borrow**

Worcester Field Hockey

Spring 2020 Registration Form
Registration is due by April 24th

**Please make checks payable to:
Worcester Field Hockey
Mail the registration and payment to:**

**11 Pine Tree Drive
Worcester, Mass 01609**

Or online registration at www.worcesterfieldhockey.com

Player Information:

First Name _____ Last Name _____
Phone # _____ Street _____ City _____
State _____ Zip _____ Date of Birth _____
School _____ Grade _____
Have you played field hockey before? YES ___ NO ___
If so, where? _____

Parent/Guardian Information:

Name: _____ Phone: _____

Email: _____

(Please clearly print email as we use this for all notifications)

Fee: \$60 per player \$40 Pre K/K

CONSENT TO PLAY AND CONSENT FOR MEDICAL RELEASE:

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the league, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associate with field hockey and in consideration for the league accepting the registrant for its program and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Worcester Field Hockey, its affiliated organizations, sponsors and their employees and associated personnel, including the owner of the fields and facilities utilized for the programs, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same which transportation I hereby authorize.

As parent or Legal Guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medical or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

Parent/Guardian's Name _____

Parent/Guardian Signature _____

Date _____ Physician's Name: _____
Physician's Phone Number _____

(The Worcester Public Schools is not responsible for, or connected with, any aspect of this program and participation in this program is the sole decision and responsibility of the parent/guardian.)