

EASTON RECREATION

# FIELD HOCKEY PROGRAM

We are looking for all K-5<sup>th</sup> graders interested in playing field hockey. No prior experience needed. This fun and instructive program will be run by Linda Friend, Easton Middle School Field Hockey Coach and Director of the New England Strikers Field Hockey Club Team. The New England Strikers Coaches will also be on the turf throughout the sessions. The 2 sessions will be held at the new state of the art Evolution Training Center. The program is designed to introduce players to the basic skills of Field Hockey and team play. Players will participate in small group skills for half the session and games for the other half. After the 2 sessions there will be a mini tournament on April 8, 2012 to showcase their wonderful talent and learned skills. All athletes will receive a t-shirt and hair ribbon with their team colors at the tournament. Players will learn the value of teamwork and determination throughout the 2 sessions while having a great time learning Field Hockey! (Shin guards and mouth guard required, sticks will be provided.)

Cost: \$100.00/session, \$30.00/tournament. (\$180.00 and the tournament is free if you sign up for both sessions)

Any questions, please call Linda Friend at 508-272-5087.

AGE: Grades K - 5

LOCATION: Evolution Sports Performance Center  
785 Washington Street, S. Easton

DATE: SUNDAYS beginning January 8, 2012 for 2 - 6 week sessions

TIME: 11:00 am – 12:00 noon

Please check      SESSION 1 \$100.00 \_\_\_\_\_      SESSSION 2 \$100.00 \_\_\_\_\_      TOURNAMENT \$30.00 \_\_\_\_\_

\$180.00 and the tournament is free if you sign up for both sessions \_\_\_\_\_

Player Name: \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Grade: \_\_\_\_\_ E-Mail \_\_\_\_\_

**GENERAL RELEASE – MINOR CONSENT FORM FOR MEDICAL TREATMENT**

I, \_\_\_\_\_ as parent/guardian of \_\_\_\_\_, a minor child, do hereby consent to his/her participation in \_\_\_\_\_, a voluntary athletic/recreational program offered by the Town of Easton by and through the Easton Recreation Department ("Town"), and do forever release, discharge, indemnify and hold harmless the Town, its agents, servants and employees, from any all actions, causes of action and claims for personal injury(ies) or damages on account of, or in any way arising out of the minor child's participation in this program, which I, as the parent or guardian of the minor child may have now or in the future. I further release, discharge, indemnify and hold harmless the Town from any claims or rights of action for personal injury(ies) or damages which said minor child has or hereafter may acquire, either before or after he/she has reached the age of majority resulting from or in any way arising out of his/her participation in \_\_\_\_\_.

As parent/guardian of the above-named minor child, in my absence, I hereby authorize the Town, to transport the minor child to a hospital or to place him/her in the care of an ambulance attendant(s) for transportation to the hospital and give my consent for emergency medical care by a licensed Doctor of Medicine or Dentistry as may be warranted to preserve the well being of my child.

Signature of Parent/Guardian \_\_\_\_\_ Dated: \_\_\_\_\_

Medical Insurance Policy No. \_\_\_\_\_

**Please fill out the registration form completely, sign release and send check payable to The Town of Easton and mail to Easton Recreation 15 Barrows St. N. Easton, MA 02356 the deadline to register is 12/30/11**