PELHAM RECREATION DEPARTMENT **20 FIFTH AVENUE 738-0153/FAX 712-0586**

www.pelhamrecreation.com

2017 GIRLS SPRING FIELD HOCKEY CLINIC

ELIGIBILITY :	All Pelham Girls (Jiaues 3-0			
<u>DATES</u> :	Wednesdays: M	Iay 3, 10, 17, 24,	31 (Rain date make up will	be held on June 7)	
	**Call Recreation	Hotline # 738-0	6644 during inclement wear	ther to check on field condition	
TIMES:	6:00-7:30PM				
FEE:	\$100 / 5 weeks Minimum Players	5 Check or 1	*NO REFUNDS money order only: Payable	to Pelham Recreation	
LOCATION:	Franklin Field				
EQUIPMENT:	Shin Guards, Cleats, Mouth Guard & Goggles (Sticks Optional) (Children should bring water bottle/sport drink of choice)				
COACH:	Danielle Scicutella – PMHS Varsity Field Hockey & Varsity Lacrosse Coach				
	Briana Shost - PMHS Varsity Field Hockey Assistant Coach & JV Lacrosse Coach				
PROGRAM:	Introductory & Int Offensive and Def Game Play Situation	Teaching dynamic warm-ups & stretching Introductory & Intermediate Stick Skills Offensive and Defensive Tactics Game Play Situations Scrimmage Games			
	2017 GIRLS SPRING	FIELD HOCI	KEY CLINIC REGISTRA	TION FORM	
			ffice prior to the start of p REGISTRATION (after I		
CHILD'S					
NAME		(GRADE	GRADE	
ADDRESS			PHONE#		
CELL#	E-MAIL				
Ple	ease sign Code of Sport	smanship and I	Hold Harmless Agreement	s on back of flyer.	
		-	Parent/Guardian Signature	Date	
		1	arent/Guardian Signature	Date	
	ou need an accommodation of Department (voice) 914-738-0		ipate in Pelham Recreation progra 1-800-662-1220.	ms, please	

PELHAM RECREATION DEPARTMENT

PELHAM RECREATION DEPARTMENT CODE OF SPORTSMANSHIP AGREEMENT

One of the goals of the Pelham Recreation Department is to provide the youth of Pelham with a safe, fair and fun environment where they can compete in a range of athletic activities. In order to achieve this goal, it is essential that there is total cooperation among the athletes, coaches and parents in demonstrating GOOD SPORTSMANSHIP at all times. Under no circumstances should any spectator or outsider interfere with any of the children, coaches or officials. Any disruption of a game makes it virtually impossible to organize and instruct the children, and thus, will not be tolerated. The spectator or outsider and child will be asked to leave the field or playing area. So that every child benefits from a successful program, every parent of a child participating in a Pelham Recreation Department sponsored event is asked to sign this Code of Sportsmanship Agreement.

Child's Name	Parent(s) / Guardian Signature			
HOLD HARMLESS AGREEMENT				
	tains a waiver of rights by the people signing it. Please READ IT estions or reservations about it whatsoever, please do not sign it.			
This AGREEMENT entered into t RECREATION COMMISSION (isday of, 20 by and between THE PELHAM The Commission") and (the "Participant"), or and (the "Parent(s) of the Participant") rs.)			
WITNESSETH: In consideration Recreation programs to use the fie	rs.) of the Participant being allowed by the Commission to participate in all Pelham ds and facilities of the Town of Pelham and the Pelham Public School District is representations herein made, the Participant or the Parent(s) of the Participant of the Parti			
agree to hold harmless the The Pelham Public School employees and agents (in Sponsor") individually ar demand and responsibility. Participant participating it conjunction with the Progethe same is caused by the 2. The Participant or the Part	Town of Pelham and its Town Council, The Pelham Recreation Commission, District and its Board of Education, and their members, officers, directors, luding persons serving as volunteers) (Hereafter collectively referred to as "the collectively of and from any and all liability, action, cause of action claim, whatsoever in law and in equity, arising out of or in consequence of the the Program, or being a passenger in a vehicle provided by the Sponsor in ram – including specifically but without limitation injury and/or death – unless gross negligence or willful misconduct of the Sponsor. Int(s) of the Participant specifically acknowledge the potential of risk and injury in the Program and do hereby assume said risk and authorize the Commission or emergency medical treatment for the Participant should the same be necessary ogram and should the Commission or its representative be unable to make a Parent(s) of the Participant. The Participant or the Parent(s) shall be a faid emergency treatment. The Participant or the Parent(s) and the Pelham I not be required to maintain medical or hospitalization insurance coverage with those who participate in it.			
(Participant)	Parent(s) Signature			