PELHAM RECREATION DEPARTMENT 20 FIFTH AVENUE 738-0153/FAX 712-0586 WWW.PELHAMRECREATION.COM

2017 SUMMER GIRLS FIELD HOCKEY CLINIC



<u>JULY 10 – JULY 14 / 9AM – 12NOON</u>

ELIGIBILITY:	All Pelham Girls Grades 3rd-8th				
DATES & TIMES:	July 10 – July 14 / 9:00AM-12:00PM				
FEE:	\$150 per week / \$35 per day *NO REFUNDS Minimum Players 5 Check or money order only: Payable to Pelham Recreation				
	Looking for a fun filled day, attend our Day Camp in afternoon and receive \$50 off clinic price, must sign up for full week of camp and clinic. Free transportation from clinic to day camp				
LOCATION:	Glover Field				
EQUIPMENT:	Shin Guards, Cleats, Mouth Guard & Goggles (Sticks Optional) (Children should bring water bottle/sport drink of choice)				
COACH:	Amy Lucas, PMHS & PMS Physical Education Teacher - Varsity Field Hockey Coach - Varsity Indoor & Outdoor Track Coach				
PROGRAM:	Teaching dynamic warm-ups & stretching Introductory & Intermediate Stick Skills Offensive and Defensive Tactics Game Play Situations Scrimmage Games				
<u>201</u>	7 SUMMER GIRLS FIELD HOCKEY CLINIC REGISTRATION FORM Return to Recreation Office prior to the start of program				
NAME	GRADE AGE				
ADDRESS	PHONE#				
CELL#	E-MAIL				
INDICATE YOUR R	EGISTRATION CHOICE ON YOUR CHECK:				
\$150 PER WEEK:	\$35 DAILY: MONTUEWEDTHURFRITOTAL\$				
PLEASE INDICATE IF YOU WILL NEED US TO PROVIDE A FIELD HOCKEY STICK FOR YOU:YESNO					
Please sign Code of Sportsmanship and Hold Harmless Agreements on back of flyer					
If due to a disability you be	Parent/Guardian Signature Parent/Guardian Signature				

Department (voice) 914-738-0153 or (TDD relay) 1-800-662-1220.

Receipt	Check	Amount

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 I	Name	Parent(s) / Guardian Signature			
		HOLD HARMLESS AG	REEMENT		
		ment contains a waiver of rights by the pec e any questions or reservations about it wh			
This AG	REEMENT entere	ed into this day of, 20 SION ("The Commission") and and	by and between THE PELHAM (the "Participant"), or (the "Parent(s) of the Participant" if		
WITNES Recreation considera	SSETH: In considon programs to use	eration of the Participant being allowed by e the fields and facilities of the Town of Pe	the Commission to participate in all Pelham elham and the Pelham Public School District in Participant or the Parent(s) of the Participant do		
2.	agree to hold harn The Pelham Publi employees and ag Sponsor") individ demand and respo Participant partici- conjunction with the same is caused The Participant or involved in partici- its representative to during the course immediate contact responsible for the It is understood ar Public School Dis	nless the Town of Pelham and its Town Co ic School District and its Board of Education ents (including persons serving as volunted ually and collectively of and from any and onsibility whatsoever in law and in equity, a pating in the Program, or being a passenge the Program – including specifically but we did by the gross negligence or willful miscon the Parent(s) of the Participant specifically ipation in the Program and do hereby assur- to obtain emergency medical treatment for of the Program and should the Commission that with the Parent(s) of the Participant. The ele costs of said emergency treatment.	ers) (Hereafter collectively referred to as "the all liability, action, cause of action claim, arising out of or in consequence of the er in a vehicle provided by the Sponsor in ithout limitation injury and/or death – unless aduct of the Sponsor. If y acknowledge the potential of risk and injury me said risk and authorize the Commission or the Participant should the same be necessary in or its representative be unable to make		
(Part	ticipant)	Paren	at(s) Signature		
Dalla	am Rec Dent				