



# SPRING FIELD HOCKEY CLINIC

with Easton High School Coaches Kim Gibbons-Neff and Katie Spies

**REGISTRATION DEADLINE:**  
**Thursday, March 21st**

*All players will need athletic wear, water, stick, cleats, shin guards & mouth guard.*

**Current Grade:**

- Grades K-2nd: 5:00-6:00PM
- Grades 3rd-5th: 6:00-7:00PM
- Grades 6th-8th: 7:00-8:00PM

**Tuesdays, April 9th - May 14th, 2024**

**\$60 Per Participant**

*(\$10 Late Fee After Deadline)*

**Talbot County Community Center Fields**

*PLEASE PRINT CLEARLY*

**Player Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Gender:** M F

**Parent Names (Please Print):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ Check to receive SMS text reminders/cancellations for Field Hockey:

**Secondary Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Shirt Size:**      **YS**      **YM**      **YL**      **YXL**      **AS**      **AM**      **AL**      **AXL**

I acknowledge that I have complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree to hold Talbot County, its officers, agents, and employees, harmless from and against any and all liability, claims actions, suits, damages, losses, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of any act or omission related to the program (s) offered by the Talbot County Department of Parks and Recreation or any affiliated program. On occasion, staff members may photograph participants in programs or special events. These photos are for TCDPR use only and may be used in future brochures, flyers, website, or social media postings. By registering for this program, I agree to allow publication of any photos taken at any program, event, or facility and occasional promotional emails regarding upcoming programs.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>For Office Use:</b>	Total Paid _____	Cash / Check / Charge _____	Date _____	Staff Initials _____
10028 Ocean Gateway, Easton, MD 21601 ● Phone-410-770-8050 ● Fax-410-822-7107 ● parks@talbgov.org				



Register Online