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SPORTS

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BUT FIELD HOCKEY ROCKS

2016 PRESEASON FIELD HOCKEY CLINIC

WHAT: FIELD HOCKEY Clinic with focus on getting ready for the season with conditioning and injury prevention, drills, skills, and scrimmaging.

WHEN: 5:30 -7:30 on Friday, August 19 and Sunday 21, Monday, 22, Tuesday, 23 at same time.

WHERE: Hall High School Fields, 975 North Main Street, WH.

WHY: Open to any high school female athlete (invites being sent to Conard, NWC, Kingswood and Hall but other schools are welcome), this is simply an opportunity to get some extra touches and conditioning in before the regular season. Attendance will have absolutely no bearing on whether or not you make any team at your school's regular tryout.

REQUIRED: Stick, mouth-guard, shin guards, and goggles

COSTS: Clinic fee is \$108.00 for WH residents and \$118 for non-residents. (If the fee is a hardship, please feel comfortable to contact Coach Boyle to discuss. All conversations will be kept confidential). All participants will receive a Clinic T-Shirt!

QUESTIONS: Call 860-977-3750 or email 241SportsAcademy@gmail.com.

HOW: Simply fill out the attached form and send it, along with payment to: West Hartford Leisure Services, 50 South Main Street, West Hartford, CT 06107 You may also Fax in the registration form to: 860-561-7519.

Register online using program code 411665-A at:
<https://west-hartford.com/leisureservices>

last name: _____

WEST HARTFORD LEISURE SERVICES REGISTRATION FORM
Please complete separate form for each participant

Primary Guardian (Please print)

Last Name: _____ First Name: _____

Street: _____ Town: _____ Zip: _____

Home Phone: _____ Work #: _____ Cell Phone #: _____

Primary # where office can reach you during program hours: _____

E-Mail Address: _____

Has child been prescribed an epi-pen? Yes No (If yes, an epi-pen form must be completed) _____

T-Shirt size (circle one) YM YL AdS AdM AdL AdXL

PARTICIPANTS FULL NAME: _____ BIRTH DATE: _____ M/F

Entering Grade: _____

PROGRAM #	TITLE	DATES	TIME	FEE
#411665-A	West Hartford High School Girls Preseason Field Hockey	August 19-23	5:30-7:30pm	\$108 Resident \$118 non res

PAYMENT TYPE: _____ CASH (IN PERSON ONLY) _____ CHECK (PAYABLE TO "TOWN OF WEST HARTFORD") TOTAL: _____

____ VISA ____ Master Card Card no.: _____ Expiration Date: _____

HEALTH AND INFORMATION

This section must be completed if required for your program

Does your child have any known allergies or have any known illnesses or physical limitations, etc. Please list and describe

List Medications: _____

Family Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone: _____

Emergency Contact (Person to call if unable to contact parent): Name/Relationship: _____

Home Phone: _____ Work/Cell _____

PLEASE READ EACH STATEMENT BELOW AND IF YOU UNDERSTAND AND AGREE TO EACH STATEMENT WRITE YOUR INITIALS IN THE SPACE NEXT TO THE PARAGRAPH TO SIGNIFY YOUR UNDERSTANDING AND AGREEMENT.

In the event my child needs emergency hospital or medical care while participating in this West Hartford Leisure Services Program and there is no time for me to be contacted and/or I cannot be reached, my hospital preference is: _____

_____ However, if circumstances are such that it is deemed necessary to admit elsewhere, permission is hereby granted.

_____ In the event my child needs emergency medical care while in this West Hartford Leisure Services Program, I hereby give permission for the hospital to give such emergency treatment as is considered necessary or desirable by medical judgment, including administration of anesthesia.

_____ In the event that my child needs to be transported by an ambulance, I give my permission for such transportation and

_____ I agree to assume all expenses incurred by said transportation.

_____ I agree to assume all medical expenses incurred by my child while participating in this West Hartford Leisure Services Program.

_____ I realize that as with any physical activity there is a possible risk of accidental injury to my child while participating in this West Hartford Leisure Services Program. I agree to assume the risk of any injury which my child might suffer while involved in the West Hartford Leisure Services Program and will not hold the Town of West Hartford or its instructors liable for any injuries which my child may suffer while participating in this West Hartford Leisure Services Program.

Signature of Parent or Guardian: _____ Date: _____