

Kent Parks & Recreation

# FIELD HOCKEY CLINICS

TRY A NEW SPORT IN 2012!



EQUIPMENT IS PROVIDED.

**DATES:** Every Saturday for 6 weeks

January 7<sup>th</sup>, 14<sup>th</sup>, 21<sup>st</sup>, 28<sup>th</sup>, February 4<sup>th</sup>, 11<sup>th</sup>

**TIME:** 10:00-11:00 a.m.

**LOCATION:** KSU Wellness Center Multipurpose Room (1 Ted Boyd Dr.)

**AGES:** 3<sup>rd</sup>-8<sup>th</sup> graders

**COST:** \$45 (resident) \$53 (non-resident)

**INSTRUCTORS:** RHS High School Field Hockey Coaches (Shannon Rakyta & Megan Johns)

**REGISTRATION:** Kent Parks & Recreation Office @ 497 Middlebury Rd. 330-673-8897

(Must register at office. Check or cash accepted)



**DEADLINE: JAN. 4<sup>th</sup>**

# FIELD HOCKEY CLINICS

**CHILD'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **CURRENT GRADE:** \_\_\_\_\_

**T-SHIRT SIZE:** (circle one) **CHILD:** Small Medium Large **ADULT:** Small Medium Large

## WAIVER OF LIABILITY / PARENTAL CONSENT / PHOTO RELEASE

I intending to be legally bound, do hereby for myself, my heirs and assignees, waive any and all claims to damages I may have against Kent Parks & Recreation , Kent State University or any agent or representative of the afore mentioned and give my permission for \_\_\_\_\_ to participate in the Kent Youth Field Hockey Program. Photographs and videos are periodically taken of participants during programs. Please be aware that these photographs may be used for Parks and Recreation publication, local newspapers, and/or website.

**PRINT PARENT'S NAME:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REFUND POLICY:** If a minimum of 11 participants is not met, a full refund will be granted. If refund is requested prior to the first clinic, a letter of explanation must be submitted to the office and a full refund will be granted. If a refund is requested after the first clinic, no refund will be granted unless a health related situation occurs, then you will be refunded less the t-shirt cost.

**OFFICE USE ONLY: RECEIPT #** \_\_\_\_\_ **FEE:** \_\_\_\_\_ **INITIALS:** \_\_\_\_\_