

Kent Parks & Recreation

# FIELD HOCKEY OPEN GYM



LET'S PLAY FIELD HOCKEY!

**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:** 11:00 a.m.-12:00 p.m.

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

**AGES:** 9<sup>th</sup>-12<sup>th</sup> graders

**COST:** \$30

**REGISTRATION:** Register at Kent Parks & Recreation Office @ 497 Middlebury Rd. (cash or check accepted)



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

## FIELD HOCKEY OPEN GYM

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

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

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

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

### 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 14 participants is not met, a full refund will be granted. If a 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 open gym, no refund will be granted unless a health related situation occurs.

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