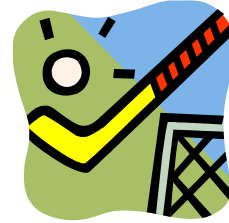




Department of Parks & Recreation
 Recreation Division
 101 Field Point Road - Greenwich, CT 06836-2540
 Phone: (203) 622-7830 - Fax: (203) 622-6494

Scroll down for application.



2009 Fall Field Hockey

3rd through 8th Grade

ACTIVITY NUMBER: 30601

DESCRIPTION: Fall Field Hockey Clinic– players will receive instruction and play games – locally and out of town. Some traveling is required.

REGISTRATION DATES: August 5th, 2009 through September 1st or until program is filled.

SESSIONS: Tuesdays, September 15th through October 20th. Saturdays, September 26th through November 7th. Games will be scheduled against other towns to be played mainly on Saturdays – times will vary if we’re traveling. GHS will be used if it’s a home game at the times listed below. Once the game/practice schedule is finalized participants will be notified by email.

GREENWICH JAMBOREE: All age groups: October 31st, Saturday – GHS turf – afternoon games – no practice that day

DARIEN GAME: 7TH & 8TH graders: October 3rd, Saturday – time TBA

RYE JAMBOREE: 3rd, 4th, 5th and 6th graders: October 24th – time TBA

SECTION NUMBER	GRADES	9/15-10/20 Pemberwick	9/26-11/7 GHS Turf #6
A1	3 rd through 6 th	Tuesdays 5:30 – 6:30pm	Saturdays 2:30 – 3:30pm
A2	7 th & 8 th	Tuesdays 6:30 – 7:30pm	Saturdays 3:30 – 4:30pm

PRACTICE LOCATIONS: Pemberwick Field, corner of Pemberwick Rd. and Moshier St. and Greenwich High School

DIRECTOR: Emily Townsend Prince: 3 time All-American Princeton, 2 times Captain Princeton, 3 Time All-Ivy League Selection, U-19 National Team. USFHA Futures Coach and Site Director.

FEE: \$109.00 payable to “Town of Greenwich” - **NO REFUNDS**

Requests for credit will only be considered if received in writing prior to start of program

****There will be a \$25.00 fee for any returned checks****

COMMENTS:

- Mouth guard, eye guard, and shin guards must be worn.
- Players must bring their own stick or can purchase a stick at the field for \$30.00
- Shirts will be provided.
- For weather cancellation information call 618-7650
- Mail completed application and consent form with full payment to:

Fall Field Hockey
 Department of Parks and Recreation
 P.O. Box 2540, Greenwich CT 06836-2540



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2009 Field Hockey Registration Form

_____ Male _____ Female _____
Child's Name

_____ City _____ State _____ Zip _____
Street Address

_____ School _____
Grade

Email

T-Shirt Size Please Circle	YM YL
	AS AM
	AL AXL

_____ Home Phone _____ Cell Phone _____
Parent's Name

ACTIVITY #30601 SECTION # A1 _____ **FEE \$ 109.00** **CHECK ENCLOSED:** _____
A2 _____ **FEE \$ 109.00** **CHECK ENCLOSED:** _____

Any allergies or physical/medical conditions the staff should be aware of?
YES _____ **NO** _____ **If yes, please explain:** _____

I, the parent/legal guardian of the above named child, do hereby give approval for his/her participation in any and all activities of the Fall Field Hockey Program. I assume all risks and hazards incidental to such participation, including transportation to and from activities.

I understand that every sports activity has inherent risk to even healthy participants, and I assume liability for any and all undetected physical conditions that may place my son/daughter at risk as a participant. I further certify my son/daughter to be in good physical condition with no known factors that would preclude vigorous physical activity and hereby consent to his/her participation.

 Signature of Parent/Guardian



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2009 FIELD HOCKEY CONSENT FOR TREATMENT FORM

As parent (or legal guardian) of _____, I hereby give my consent for any emergency medical treatment as approved by his/her coach or other adult escort, in case of illness or injury while playing field hockey or in related activities. I understand that this is to prevent undue delay and to assure prompt treatment.

_____ Home Phone: _____
 Parent's Name (Please Print)

Cell Phone: _____ Work Phone: _____

Email _____

Doctor's Name _____ Doctor's Phone: _____

Dentist's Name _____ Dentist's Phone: _____

Important Medical Information:

Any allergies or physical/medical conditions the staff should be aware of?

YES _____ NO _____ If yes, please explain: _____

(Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this information will make immediate treatment possible).

 Parent's Signature

Mail completed forms and check to:

Attn: Fall Field Hockey
 Department of Parks and Recreation
 101 Field Point Road
 Greenwich, CT 06836-2540

*** If any part of the consent or registration form is not complete it will be returned to you ***