Kennett High School 2019 Field Hockey Clinic

On **Thursday August 16th 5:30 pm - 7 pm, Friday August 17th 5:30 pm - 7 pm, and Saturday August 18th 9 am - 11 am,** the High School Kennett Field Hockey team will be holding a youth field hockey clinic at **$30** for the whole clinic. *****Non-refundable*****

The clinic is available for all girls, 3rd through 8th grade, who are interested in learning new field hockey skills and strategies, playing in a scrimmage, meeting new friends, and having fun! All girls are asked to come prepared with equipment (stick, shin guards, mouthguard, and goggles), water and weather appropriate clothes.

The clinic will be held at Kennett High School on the Varsity Field Hockey Field. The clinic coaching staff will be led by Varsity Coach Cassie Daley and JV Coach Jordan Lemerise, and will be made up of members of the Kennett High School Field Hockey Team.

Registration Form

Players Full Name:_____ Age:_____ Birth Date:_____

Grade:_____ School:_____

Parent/Guardian:_____ Cell Phone:_____

Parent/Guardian:_____ Cell Phone:_____

Home Phone:_____ E-mail:_____

Mailing Address:_____

Please List any Medical Conditions and/or Allergies that you would like the coaching staff to be aware of:

_____

_____

_____

_____

Registration Due: **August 15th** or Upon Arrival to Clinic ****Checks made out to Kennett Field Hockey****

Drop off, mail or email form

Mail to KHS c/o Coach Daley

409 Eagles Way, North Conway, NH 03860

Or e-mail C_Daley@sau9.org

Consent Agreement and Activities Code Acknowledgment

1.I understand and acknowledge there are risks associated with participation in the Kennett Field Hockey Clinic. I understand and agree that neither Kennett High School, nor its coaches, advisors, employees, nor staff shall be held liable for any injury, or loss or damage occurred by my son/daughter as a result of participation in any activity as long as there has been reasonable standard of care.

2.I acknowledge that I have fully informed myself as to the nature of the activity or activities in which I will be participating, the risks associated athletics, and my responsibility to know my own limits.

3.In case of an emergency, I hereby allow Kennett High School or its designated coach/advisor/trainer/nurse to administer first aid and make arrangements for emergency transportation to a medical facility for emergency treatment.

4.By authorization of my signature I acknowledge and agree to all of the criteria above.

_____ _____ _____

Student Name Student Signature Date

Parent/Guardian Signature: _____