



## **TAA FALL 2013 FIELD HOCKEY REGISTRATION**

**Coached by Jen Small, Cathy Marston, Tara Giroux & Caroline Bochtler**

**E-mail or call FMI: [Jennifer.Small@rsu52.us](mailto:Jennifer.Small@rsu52.us) / 650-7923**

**Fee: \$30 - Checks made payable to TAA Field Hockey  
Completed registration due at 1<sup>st</sup> practice on August 19<sup>th</sup>**

**Players need to bring: cleats, shin-guards, mouthpiece & water  
(we provide sticks & balls if players need them..goggles not required at this level)**

**6 Monday nights from August 19<sup>th</sup> – September 30<sup>th</sup> (skips Sept. 2nd) at LAHS field hockey field**

Grades Pre-K - 2: 5 – 6 pm

Grades 3-4: 5:30 – 7 pm

Grades 5-6: 5:30 -7 pm

\*Players may be asked to play up or down a level at coach's discretion.

\* Games for 3-4 & 5-6 teams only TBD & will be on Sat/Sun mornings.

CHILD'S NAME \_\_\_\_\_ GRADE/FALL 2013 \_\_\_\_\_

D.O.B. \_\_\_\_\_ ALLERGIES/MEDICAL \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

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PARENT'S NAME(S) \_\_\_\_\_

E-MAIL \_\_\_\_\_

**Please provide e-mail if you have one. It is an invaluable tool for me to communicate with parents.**

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

\*We will be creating a calling tree for cancellations/schedule changes.

I/We, the parents or legal guardians of the participant. Hereby give my/our permission for our child to participate in TAA field hockey. I/We understand that sports may result in serious injury and protective equipment does not prevent all injuries to players and do hereby waive, release, absolve, indemnify and agree to hold harmless the Turner Athletic Association, the organizer, sponsors, supervisors, participants, and the persons transporting my/our child to and from the activities for any claim arising out of the injury to my/our child whether the result of negligence or for any other cause, except and in the amount covered by the liability insurance.

I/We understand that the coaches, officials and other coordinators are volunteering their time and should be given the proper courtesy and respect.

In case of a medical emergency, I/We understand every attempt will be made to contact the parents/guardians of the child, however, I/We hereby give permission to an emergency facility to secure medical treatment for my/our child.

PARENT/GUARDIAN SIGNATURE(S) \_\_\_\_\_ DATE \_\_\_\_\_