



2019 Oliver Ames Field Hockey Summer Clinic

Monday June 24th - Thursday June 27th

9:00 AM - 12:00 PM

Oliver Ames High School Turf

Cost: \$125

All proceeds benefit the Oliver Ames Field Hockey Boosters

- Open to all beginner through intermediate players entering grades 3-9 in the fall of 2019.
- Clinic will be run by OAFH Varsity Head Coach Sharon Lawrence and coaching staff as well as current and former OAFH Players.
- All participants will receive a practice shirt.
- Participants must bring mouthguard, goggles, shin guards, a stick and water.

Please complete the Registration Form and Waiver located on the back of this flyer. Include check payable to OAFH Boosters

**Mail to: OAFH Boosters, 19 Scott Drive, North Easton, MA 02356
Deadline to register is May 24th.
Contact oahsfieldhockey@gmail.com with any questions.**

REGISTRATION AND WAIVER

PLAYER'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PARENT(S) NAME: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

PLAYER AGE AND GRADE ENTERING IN FALL: _____

T-SHIRT SIZE (circle one): **YOUTH** S/M L/XL **ADULT** S M L XL XXL

PRIOR EXPERIENCE PLAYING FIELD HOCKEY (circle one): none 1-2 years 2 years +

I give permission for my child, _____ to participate in the Oliver Ames High School Field Hockey Clinic. I acknowledge that this clinic is voluntary, and that my child, with my consent, is choosing to participate. I verify that my child has medical insurance and that my child is medically and physically fit to participate in this clinic. Furthermore, I, the undersigned parent or guardian of the minor listed above, forever RELEASE, acquit, discharge and agree to hold harmless the Town of Easton and the Easton Public Schools, its officers and agents, from any and all actions, causes of action, and claims on account of, or in any way growing out of either directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have as parent of said minor, and also any damages which said minor has or may hereafter acquire either before or after my child has reached the age of maturity, as a result of participating in the activity. I give permission for my child named above to receive basic first aid and or to be transported in emergency vehicles should any incident occur requiring such attention.

Signature of Parent or Guardian

Date

Health Insurance Carrier

Policy #