

Chambersburg Recreation Department Field Hockey League

Participant's Name _____ M _____ F _____ Grade _____ DOB _____ Age _____

Email Address _____ Phone _____

Address _____ City _____ Zip _____

Please Circle Township in which you reside: Boro Greene Guilford Hamilton Letterkenny Lurgan Other

Parent or Guardian Name: _____ Phone: _____

Are there any medical conditions or medications of which we should be aware? If yes, please explain.

Waiver / Permission Slip

This form grants _____ (participant's name) permission to participate in the Chambersburg Recreation Department's Field Hockey League. I am aware that this type of recreational activity may result in injury. I (we) agree that the Borough of Chambersburg, its representatives and/or other organizations and individuals connected with sponsoring or conducting this event will not be held liable for any injury that may occur.

Parent or Guardian Signature _____ Date _____

Photo Release

I, _____, give my permission to the Chambersburg Recreation Department to use photographs of my child or myself for the purpose of advertising and promotion.

Parent or Guardian Signature _____ Date _____

	<u>Day:</u>	<u>Date:</u>	<u>Time:</u>	<u>Reg. Deadline</u>
Field Hockey League	TH	9/13-11/8 (No 9/20, 10/25)	5:45-7:30 PM	9/6

Cost: \$55 / \$45 Borough Resident

Shirt Size: Youth Sizes – S M L Adult Sizes – S M L XL (Please Circle)

Has your child participated in this league in the past? YES or NO (Please Circle)

Coach Request (first come, first serve) _____

We will contact you if we cannot honor your request.

Parent's, volunteer coaches are needed!

_____ Yes, I am willing to coach _____ No, I will be unable to coach _____ I am willing to assist

Return Form with Payment to: Chambersburg Recreation Department
235 S. 3rd St., Chambersburg, PA 17201