

Chester Parks & Recreation Field Hockey Clinic
Monday, October 17
with a rain-day make-up on Wednesday, October 19
3:00 until 5:00pm at Chester Elementary School



Instruction provided by Valley Regional High School Field Hockey Coach Randy Netsch,
assisted by team players.

*This program is open to children in grades 2 through 6.
Please wear sneakers and bring a water bottle.*

All equipment will be provided, but you are welcome to bring your own.

There is no fee for this program. Call 860-526-0013, x 223 or e-mail parkrec@chesterct.org for information or to confirm availability. This registration form for Chester Parks and Recreation is your child's permission slip for Chester Elementary School. If you must change your plans and your child cannot stay after school, for your child's safety, you must contact the school office at 526-5797 **AND** Chester Parks and Recreation at parkrec@chesterct.org or 860-526-0013, x223. Our contact phone number at the program will be 860-790-0124.

Complete and return this form to the Parks and Recreation mailbox on the second floor in the Town Hall or Chester Elementary School or mail to: Town of Chester, Parks and Recreation, 203 Middlesex Avenue, Chester, CT 06412

Participant's Name: _____ **Grade:** _____ **Age:** _____

Home Phone Number: _____ **e-mail:** _____

Mailing Address: _____

Parents' Name(s) and Phone Number(s) During the Program:

Please list any concerns that should be brought to the attention of the Instructors.

Emergency Name(s) and Phone Number(s):

The following people have permission to sign my child out (*children must be signed out*):

PLEASE INDICATE AT THE TOP OF THIS FORM if you do not wish your CHILD'S PHOTO to appear in newspapers or on the Town web site, social media, flyers, e-mails, or bulletin boards.

I give permission for my child, named above, to participate in the Chester Parks and Recreation Field Hockey Clinic October 17 (or 19), 2022. I give the instructors and staff of the Parks and Recreation department permission to seek emergency medical treatment for my child. I understand that there are inherent risks to this activity, and I assume those risks.

Signature of Parent or Guardian

Date

ACCORDING TO CONNECTICUT GENERAL STATUTE 19a-77 WE ARE REQUIRED TO DISCLOSE THAT TOWN OF CHESTER PROGRAMS ARE NOT LICENSED BY THE STATE OFFICE OF EARLY CHILDHOOD.