



# *Warriors to Be & Friends*



In Partnership with: USA Field Hockey & SUSC  
THIS IS NOT A SCHOOL SPONSORED EVENT

## *Presents*

An instructional and inspirational field hockey program designed to teach skills and game strategies while emphasizing fun.

Learn from the WHS Warriors!

Who: Grades 2 – 5 & Grades 6 - 8

**Saturdays : September 9, 16, 23 & 30  
October 7 & 14**

Time: 9:00am - 10:30am

**Where: Winnacunnet HS Field Hockey Field, Hampton, NH**

Cost: \$50 for the first family player to sign-up  
\$25 for each additional family player

Required: Mouth, eye and shin guards.  
Sticks will be provided, if needed.

## **Pre-registration:**

**Send completed registration and money to:**

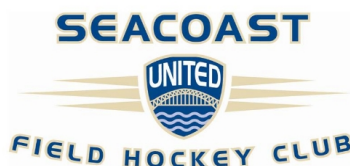
**Kim Micheal, 8 Pevear Lane, Hampton Falls, NH**

**Late Registration between 8:30-9:00 a.m. on 9/9/17**

**Make checks payable to:**

**WHS FH Booster Club**

All proceeds to benefit WHS Field Hockey Program.



# *Warriors to Be & Friends*

## **Field Hockey Skills Clinic Registration Form**

Name: \_\_\_\_\_

Name of Parent/s: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: home: \_\_\_\_\_ cell: \_\_\_\_\_

1. Has your daughter played in our Field Hockey Program before? \_\_\_\_\_

2. My daughter's health is: \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor

3. Have any restrictions or limitations ever been placed on your daughter's physical activity?? If so, please list:

\_\_\_\_\_

4. Please list your medical coverage: \_\_\_\_\_

Is it in force to cover you daughter in case of injury? \_\_\_\_ Yes \_\_\_\_ No

I/We, as parent/guardian of to her participation in the Warriors To Be & Friends Field Hockey Skills Clinic and to seek immediate medical attention if I am not present. (All attempts will be made to contact parents/guardians immediately.)

In consideration for my/our daughter being allowed to participate in said program, I/we voluntarily agree that we will hold harmless said WHS Field Hockey Boosters Club and all of their agents in the event of any injuries received by my/our daughter while engaged in said program and, that we shall not attempt to make any recovery against said club and participants.

I/we hereby assent

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date