



Central Carroll Field Hockey Registration

Central Carroll Recreation Council (Formerly Deer Park)

Mail to: 750 Old Westminster Pike
 Westminster, MD 21157
 Phone: 443-293-7573

Name _____ D.O.B. (M/D/Y) ____/____/____ Enterg Grd. (9/11) _____
 Address _____ City _____ Zip _____ School _____
 Home Phone (____) _____ Emergency (____) _____ Email _____
 Does your child have any special health conditions? Yes ____ No ____
 If yes, please describe: _____ Shirt size: YM YL AS AM AL AXL
 Years of field hockey experience: _____ Kilt size (grades 5-9 only): AXS AS AM AL AXL
 Parent/Guardian Name(s) Father _____ Mother _____

PARENTAL PARTICIPATION AGREEMENT

In order to make this program a success, it is necessary to have parental participation. This requires parents to assist in one of the following areas:

_____ Coach ____ Fundraising ____ Field Maintenance ____ Asst. Coach

REGISTRATION FEES

(Make checks payable to Central Carroll Field Hockey)

| <u>CATEGORY</u> | <u>FEE</u> | <u>FILL IN LINE</u> |
|--|----------------------------------|---------------------|
| Clinic Play- Grades K-2 | \$40.00 (includes shirt & socks) | \$ _____ |
| <u>Travel League Play</u> (Sunday afternoons): (fee includes socks to cover shin guards) | | |
| Grades 3-4 | \$65.00 | \$ _____ |
| Grades 5-6 | \$80.00 | \$ _____ |
| Grades 7-8-9 (not playing HS) | \$80.00 | \$ _____ |
| <i>Late Fee after June 30th</i> | <i>\$25.00</i> | \$ _____ |
| TOTAL DUE | | \$ _____ |

NEW for 2011- Sunday morning All Star League (possibly Harford County). 7/8th Grades only combined with West Carroll Rec. Aprx. cost \$20 per player. Will hold try-outs. **Would like additional information** _____

My child has my permission to participate in the Central Carroll Field Hockey Program at the time and places announced. The undersigned acknowledges that the Recreation Council does not provide any registrant medical or hospital insurance whatsoever, and hereby waives any and all claims against the Recreation Council and Carroll County Recreation and Parks or any other person affiliated with the Recreation Council program for injuries sustained in participating in any practices, games, or leisure time activity, or traveling to and from practices, games, or leisure time activity.

Parent or Guardian Signature _____ **Date** _____

Special requests will try to be accommodated, however **NOT** guaranteed. _____