

# Clarence Recreation Summer Stick

**Who:** Any girl ages 9-18 interested in the game of field hockey with any level of experience. **Goalies welcome!**  
(must have own equipment)

**What:** Summer field hockey! Girls will get the opportunity to receive instruction from coaches and college players. Along with skill instruction, girls will have competitive drills and game situation practice.  
Program Coordinator Alexis Gasiewicz

**When:** Tuesdays in June and July from 6-8 pm. Specific dates include: June 6<sup>th</sup>, 13<sup>th</sup>, 20<sup>th</sup>, 27<sup>th</sup>, July 11<sup>th</sup>, 18<sup>th</sup>  
July 25<sup>th</sup> is a rain date in case of inclement weather.

**Where:** Town Place Park  
5400 Goodrich Road  
Clarence, NY 14031  
Soccer field on left when you enter the park.

**Cost:** \$75 per athlete. This includes 2 hours of instruction and game play each week for 6 weeks, field rental and Blue Bison game reversible pinnie.

**Registration:** Ends May 25<sup>th</sup>, 2017 and can be done either in person at 10510 Main Street or by mail.

**No online registration is currently available. Space is limited so REGISTER EARLY!**

**Mail:** Checks, registration and release forms can be sent or dropped off at:

Recreation Office  
10510 Main Street  
Clarence, NY 14031

**Checks can be made out to Town of Clarence**

## Late Registration

**Period:** Runs from May 26<sup>th</sup>-June 2<sup>nd</sup> at a cost of \$85 per athlete. Any equipment and apparel purchased after May 26<sup>th</sup> cannot be guaranteed for the first week of camp.

**Sponsors:** Blue Bison Sports and Clarence Recreation Department

## **IMPORTANT!!!**

1. All girls are **REQUIRED** to have their own **GOGGLES, SHIN GUARDS, MOUTH GUARD** and **STICK**. **JEWELRY IS NOT PERMITTED AT ANY TIME.**
2. Without proper equipment, payment or forms, girls **WILL NOT** be allowed to participate.
3. Please bring a water bottle. Drinks will be available for refill of water bottle.

**TOWN OF CLARENCE**

**GENERAL RELEASE**

**YOUTH/RECREATION DEPARTMENT**

I, \_\_\_\_\_ the undersigned \_\_\_\_\_ (hereafter the "RELEASOR") residing at \_\_\_\_\_ hereby certify that I am the parent/guardian of \_\_\_\_\_, a minor, age \_\_\_\_\_, who is a participant in \_\_\_\_\_, a Town of Clarence youth/recreational activity.

In consideration of said minor being permitted to participate in activities, supported and assisted by the Youth/Recreation Department of the Town of Clarence and other valuable consideration the RELEASOR individually, and as parent or guardian of the above named minor, releases and discharge the Town of Clarence, and all Town Officers, Town Employees, Town Agents, Boards of the Town and Board members of any Boards of the Town of Clarence, fire districts, fire companies, all ambulance companies and their respective heirs, executors, administrators, successors and assigns (hereinafter collectively referred to as RELEASEE) from all actions, causes of action, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgments, extents, executions, claims, and demands whatsoever, in law, admiralty or equity, which against the RELEASEE, the RELEASOR, RELEASOR'S heirs, executors, administrators, successors and assigns ever had, not have or hereafter can, shall or may, have for, upon, or by reason of any matter, cause or thing whatsoever resulting from any such participation or otherwise.

I further agree to indemnify and hold forever harmless, against any loss which may be sustained in consequence of such participation or otherwise, the RELEASEE. No agreements, either verbal or written shall in any manner affect this release.

I also acknowledge that I am aware that neither the RELEASEE, nor any other body, organization or club carries any accident, personal injury or other insurance which would protect said minor in the event of any accident, death, or injury occurring to him or her during or in connection with the activities. I further acknowledge that the Youth/Recreation Department of the Town of Clarence serves as a catalyst for the organization of these recreational activities and is not responsible for the supervision of the activities nor for the condition of the recreational areas.

RELEASEE shall not be liable for any damages arising from personal injuries sustained by the participant in, on or about RELEASEE'S premises or facilities resulting from or arising out of said recreational activity including any claims for personal injuries resulting from or arising out of RELEASEE'S negligence.

*DATED:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clarence, New York

Signature

Phone Number

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_

Signature

This RELEASE, bearing the name of the participant and the signature of a parent or guardian is an agreement by all to abide by and to support all conditions of membership in the activity, even those over which disagreements may arise. This MUST be turned in before a person can participate in any activity, practice or play any games.

SUMMER STIX FIELD HOCKEY

Fill out and return with check and waiver to: Clarence Youth Bureau by **May 25<sup>th</sup>**

Name of Participant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address:

\_\_\_\_\_

Phone: (H): \_\_\_\_\_ ©: \_\_\_\_\_

Email Address:

\_\_\_\_\_

Age: \_\_\_\_\_ Grade Level (Fall of 2017): \_\_\_\_\_ Years Played: \_\_\_\_\_

School Attending: \_\_\_\_\_

*Please circle a choice for each of the categories below*

<u>Level of Play</u>	Beginner	Modified	JV	Varsity	
<u>Position:</u>	Forward	Midi	Defense	Goalie	Not Sure
<u>Pinnie/Adult Shirt Size:</u>	X-Small	Small	Medium	Large	X-Large

Allergies: \_\_\_\_\_

I, \_\_\_\_\_, give permission for photographs of my child participating in camp to be used by the Town of Clarence at their discretion in the promotion of future camps.

EMERGENCY CONTACT INFORMATION:

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

Phone: \_\_\_\_\_