



# Fall Outdoor Field Hockey League

Season begins the week of September 1<sup>st</sup>, 2008 and continues into November with instructional time during the week and play days on the following Sundays at the YMCA complex. **9/28 10/12 10/26 11/9**

Call your area representative, Steph Shamrock, or the YMCA (410)398-2333 ext. 27 for more information.

Practice Schedule as Follows:

North East Elementary	Saturday Morn. 8:00-10:00am
Cherry Hill Middle	Tues. & Thurs. 3:00-5:00pm
Perryville Elementary	Saturday Morn. 8:30-10:30am
Chesapeake City Elementary	Tues. & Thurs. 3:45-5:15pm
Elk Neck Elementary	Wednesday 2:00-4:00pm
Bo Manor High/Middle	(Practice days and times will vary.)

Site Coaches:

Steph Shamrock	North East	410-441-4474
Julie DeFelice	Cherry Hill	443-907-7117
Krysia Hudson	Perryville	410-378-5014
Mallory Gibson	Bo Manor	410-392-3281
Danielle Kennedy	Elk Neck	410-392-3707
Michele McCormick	Ches. City	443-553-1869

**FEE: \$35.00 per player \$10 additional for shirt if needed. YMCA will provide sticks.**

**For Participants 2<sup>nd</sup> thru 8<sup>th</sup> grade Mouth and Shine Guards required!**

Please fill out and return registration form below the dotted line

Fall Outdoor Field Hockey

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

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell \_\_\_\_\_

School Attending: \_\_\_\_\_ The site you intend to play for: \_\_\_\_\_

Are there any medical conditions we should know about? \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Shirt Size Youth: Large \_\_\_\_\_

Adult: Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ XL \_\_\_\_\_ Other \_\_\_\_\_

Statement by Parent/Guardian:

I do hereby allow my Child or Ward to participate in any practice, game or function sanctioned by the YMCA of Cecil County. I accept full responsibility for any and all liability and release the YMCA of Cecil County, it's Staff and/or Coaches from any financial liability due to injury or otherwise. I agree to accept the team to which my Child or Ward is assigned. I hereby give my permission for any and all medical attention necessary to be administered to my Child or Ward in the event of accident, sickness or other circumstances, until such time as I can be contacted. I also hereby assume responsibility for payment of any such treatment.

Parent Signature: \_\_\_\_\_ Please Print: \_\_\_\_\_ Date: \_\_\_\_\_