



**KENAN
CENTER**

ARTS, EDUCATION & RECREATION

Girls Field Hockey Registration

8-week Field Hockey Clinic

Learn field hockey basics including stick work, foot work, team work and the rules of the game.

Mon. Mar. 2, 9, 16, 23, 30, Apr. 6, 20, 27 (5:30-6:30pm)

Sticks available if needed. Mouth guard and shin guards required

SUBMIT THIS FORM OR REGISTER ONLINE AT WWW.KENANCENTER.ORG—DEADLINE FEB 28

Name _____

Age _____ Date of birth _____ Grade _____ Do you have field hockey experience? Yes No

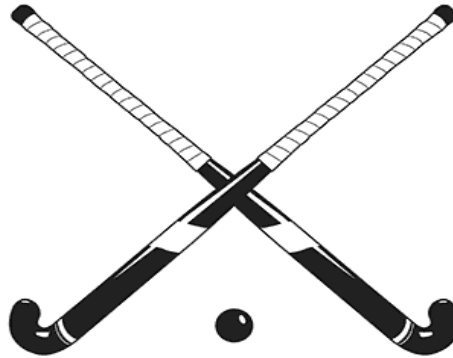
Phone _____ Email _____

Address _____ City/Zip _____

Parent(s) Name(s) _____

Age Group (check one)

- ____ 5-6 years old
- ____ 7-8 years old
- ____ 9-10 years old
- ____ 11-12 years old
- ____ 13-14 years old
- ____ 15-16 years old



Please check the appropriate fee:

10% discount for 3 or more children in the same family.

____ \$68 as a Kenan Center member

____ \$80 as a non-member

Makes checks payable to Kenan Center, Inc.

**Mail completed form to: Kenan Center Soccer,
433 Locust St., Lockport, NY 14094**

WAIVER

I, the undersigned parent/guardian of _____, do hereby grant permission for him/her to participate in any and all of the activities of the Kenan Center Field Hockey Program. I agree to be legally and financially responsible, and agree to hold harmless the Kenan Center and its officers, agents and employees from any and all claims or actions arising against or in favor of my child or myself as a result of any act committed by, or event, occurrence, or accident, happening to my child. I hereby give permission for the photographs and videos of my child to be shown in promotional, informational, and website materials for the promotion of the Kenan Center.

Signature of Parent or Guardian

Print Name

Date

OFFICE USE ONLY Amount Paid \$ _____ Cash\$ _____ Check# _____ Receipt # _____ DOB Verified _____
Team _____

