

2019 Fall Recreation Field Hockey

For recreation news updates become a member of Corinth (Maine) Recreation on Facebook

Sign Up / Permission Slip (Grades K-5th)

Deadline - Friday August 9th, 2019

Yes, I would like to volunteer by doing the following:

____ Coaching

____ Asst. Coaching

Parent/Legal Guardian Name: _____

Home Telephone # _____ Cell # _____

Child's Name: _____

Street/P.O. Box: _____, _____

Date of Birth: _____ Grade: _____ (Fall of 2019)

Doctor's Name: _____ Dr.'s Telephone # _____

List any known allergies or medical conditions: _____

Emergency Contact (other than parent): Name: _____

Relationship to child: _____ Telephone # _____

I give my daughter _____ permission to play in the Fall Recreation Field Hockey Program. I understand that even with the proper safeguards, there is a potential for injury and I will not hold anyone coach, person or town liable. In the event of a medical emergency, if a parent or legal guardian is not present, I give the coaches and any representative helping with the program permission to administer first aid and/or call an ambulance for treatment and transport to the hospital. I understand that efforts will be made to contact me and/or the emergency contact person noted above if an ambulance is called. All transportation is the direct responsibility and liability of the parent or legal guardian. Under no circumstances will the coaches or volunteers be held liable for authorizing the 'pick-up' and 'drop off' of children participating in the Fall Recreational Field Hockey Program.

Parent/Guardian Signature _____

Print Name _____

DROP OFF OR MAIL TO FIELD HOCKEY PROGRAM, CORINTH TOWN OFFICE, PO BOX 309, CORINTH, ME 04427
FORMS CAN ALSO BE FAXED TO 285-7529