

# 2021 Fall Recreation Field Hockey

**\*\*\*For recreation news updates become a member of Corinth (Maine) Recreation on Facebook\*\*\*  
Sign Up / Permission Slip (Grades K-5<sup>th</sup>)**

***Deadline - Friday August 13th, 2021***

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

\_\_\_\_ Coaching

\_\_\_\_ Asst. Coaching

Parent(s)/Legal Guardian Name: \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Child's Name: \_\_\_\_\_

Street: \_\_\_\_\_

P.O. Box: \_\_\_\_\_, \_\_\_\_\_, ME, \_\_\_\_\_  
(Town) (Zip Code)

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ (Fall of 2021)

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 OR EMAILED TO: CorinthTO@gmail.com**