

**Registration Application**  
**2008 NWC Field Hockey Camp**

**Name:**

**Session Attending (AM or PM):**

**Mailing Address:**

**City, State, Zip Code:**

**Phone Number: (    )**

**Current Age:**

**Grade in Fall 2008:**

**Parent/Guardian:**

**Daytime Phone: (    )**

**Emergency Phone Number: (    )**

**School Attending in Fall 2008:**

**Field Hockey Experience:**

**Position:**

**Years of Varsity Experience:**

**Do you plan to attend as a goalie?**

**Will you need goalie equipment?**

**Level of Play (Beginner, Intermediate, Advanced):**

*Payment (check or money order payable to "Litchfield Parks & Recreation")*

**HOLD HARMLESS**

I understand that injuries are a possibility as a result of participation in this activity. I agree not to hold the TOWN OF LITCHFIELD, the Park & Recreation Department, its officers, agents and employees and anyone else associated with this program from any loss, costs, expenses, injuries or property damage and liability whatsoever, kind or nature which may arise from my participation or my child's participation in this program. I also understand and agree that my own medical and/or disability insurance will be used in the event of an injury and that if I have no such insurance, that I will be directly responsible for any medical costs whatsoever.

SIGNED \_\_\_\_\_  
*(Participant or parent/guardian if child under 18 years of age)*

DATE \_\_\_\_\_

**Form must be sent by July 2, 2008**