



# TOWN OF EAST HAMPTON

159 Pantigo Road  
East Hampton, New York 11937  
Office: (631)324-2417  
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John Rooney  
Superintendent of Recreation

## 2018 Field Hockey Skills & Drills

\$45.00 Make checks payable to Town of East Hampton

Skills Training Program Objectives: The Skills Training Program will introduce new players to and improve current players' basic hockey skills. The players will perform drills that focus on dribbling and passing while both stationary and in motion. Players will be required to complete these skills in open space as well as within congested areas (other players in close proximity).

**Grades:** 4<sup>th</sup> & 5<sup>th</sup> (*Limited to 20 Players – First Come First Serve Basis*)  
**Dates:** January 6, 2018 – February 17, 2018  
**Time & Day:** Montauk Playhouse, Saturdays 10:00am – 11:30am

**Grades:** 9<sup>th</sup> – 12<sup>th</sup> (*Limited to 25 Players – First Come First Serve Basis*)  
**Dates:** January 6, 2018 – February 17, 2018  
**Time & Day:** Montauk Playhouse, Saturdays 11:30am – 1:00pm

### **\*\* PLAYER WILL NEED TO BRING THE FOLLOWING ITEMS \*\***

- STICK – see the section below “Where Field Hockey Equipment Can Be Purchased”
- Sneakers
- Shin Guards
- Mouthpiece
- Protective goggles (will be worn when applicable)
- Water Bottle
- Hair Tie for Long Hair

### **WHERE FIELD HOCKEY EQUIPMENT CAN BE PURCHASED:**

- Longstreth: <https://www.longstreth.com/FIELD-HOCKEY-EQUIPMENT/departments/1008>  
You can call Longstreth as well, they can assist with purchase of stick 1-800-545-1329  
WHEN you call, you will need to know the height from the ground up to your daughter's hip bone.
- Dicks Sporting Goods in Riverhead
- Modell's in Riverhead

\*\*\*If you are new to the sport, I recommend calling Longstreth and ordering the Stick as soon as possible. \*\*\*

# Town Of East Hampton

## Waiver of Liability (2018 Field Hockey)

**PLEASE FILL IN ALL INFORMATION BELOW!!!!!!!**

As parent/guardian for \_\_\_\_\_  
(name(s) of child/children enrolling)

I hereby grant permission for his/her participation in the "EAST HAMPTON Program" sponsored and administered by the TOWN OF EAST HAMPTON.

In doing so, I understand that physical activities such as these sometimes result in accidents despite the best efforts of the organizer to supervise the participants. I accept any medical bills resulting from such an accident as solely my responsibility.

Further, in permitting my child/children's participation, I agree to hold the TOWN OF EAST HAMPTON, its employees, volunteers assisting with the program as well as its elected and appointed officials, harmless from liability resulting from, my child/children's participation in the program.

Names of children:

|               |               |               |               |
|---------------|---------------|---------------|---------------|
| Sex: ___ Male | Sex: ___ Male | Sex: ___ Male | Sex: ___ Male |
| ___ Female    | ___ Female    | ___ Female    | ___ Female    |
| Grade: _____  | Grade: _____  | Grade: _____  | Grade: _____  |
| Age: _____    | Age: _____    | Age: _____    | Age: _____    |

Address: \_\_\_\_\_ Program: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Child's School: \_\_\_\_\_ E-Mail \_\_\_\_\_  
Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_  
Parent/Guardian Name PRINTED: \_\_\_\_\_

Would you like to receive emails for Recreation Programs throughout the year?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

**\*\*Please register at East Hampton Town Recreation Department\*\***

159 Pantigo Road

East Hampton, NY 11937

Drive past Town Court Building to the grey building.