

NORTH READING YOUTH FIELD HOCKEY SUMMER 2026 REGISTRATION FORM

Player's Name: _____ Parents Names: _____

Address: _____ E-Mail Address: _____

Phone Number: _____

Grade:(as of 9/2026): _____ Date of Birth: _____

*****Players must have all equipment (sticks, mouthpiece, eye protection (goggles) and shin guards) and reversible pinnie or white tee shirt. *****

I, the parent/legal guardian of the above-named applicant for a position in the North Reading Youth Field Hockey summer clinic program, hereby give my approval for her/him to participate in any and all Field Hockey activities throughout the field hockey season designated above. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and I waive, release, absolve, indemnify and agree to hold harmless North Reading Youth Field Hockey, the organizers, supervisors, participants, and any persons transporting my child to and from activities, for any claim arising out of injury to my child, whether the result of accident, negligence or for any other cause.

I understand that there is no insurance, medical, health, disability, etc., available through the program, and I certify that the registered player is covered by medical/health insurance and will be covered for the summer season.

Signed by: _____ Parent/Legal Guardian

Summer Clinics at North Reading High School Turf Field - Tuesdays from June 23, 2026 through July 28, 2026. Players entering Kindergarten through 4th grade - 6:00 pm to 7:15 pm; Players entering 5th through 8th 7:30 pm to 9:00 pm

Fee: \$75.00 per player/\$50.00 additional sibling

Registration Fee - Make checks payable to: North Reading Youth Field Hockey, mail to Kathleen A. Lally, 24 Nutter Road, North Reading, MA 01864 OR Venmo: @Kathy-Lally-2

Questions – email Northreadingyouthfieldhockey@gmail.com