

Bridgewater Sports Complex

Field Hockey Clinic Application

CHILD'S NAME: _____ AGE: _____ TEL # _____

STREET ADDRESS: _____ TOWN: _____ ZIP: _____

I, the parent or guardian of the above named child, understand and accept that neither the Bridgewater Sports Complex (The Dome) or any of their employees or instructors assumes responsibility for accidents or medical expenses incurred as a result of participating in this program.

Parent/Guardian signature: _____ Date: _____

Make a copy of the application to keep for your records and mail the original application with payment to:

**Bridgewater Sports Complex
350 Bedford Street
Bridgewater, MA 02324**

Make check payable to Bridgewater Sports Complex

The Bridgewater Sports Complex reserves the right to cancel any session that does not have sufficient numbers to ensure a worthwhile experience. All monies will be returned in the event of any such cancellation. Schedule is subject to change.

-----For Office Use Only-----

Check amt _____ Check # _____ Cash amt _____ VISA/MC _____