

3rd, 4th, 5th, and 6th GRADE GIRLS! COME JOIN FIELD HOCKEY INTRAMURALS!



The intramural field hockey program is an introduction to the game of field hockey. Our focus will be the following: basic stretching and conditioning, skill instruction, strategic concepts of the sport, and game situations. Necessary equipment will be provided - indoor sticks & shin guards.

When: Every Tuesday and Wednesday beginning April 17, 2018 through June 13, 2018

Time: 3:00 – 4:00

Where: Clinton Elementary School Gymnasium

Instructor: Mrs. Randall (Teacher at the Elementary School)

Enrollment: Have a parent/guardian sign the permission slip below and return it to school or bring it to the first session. Participation is contingent upon receipt of this form. Your child does not have to attend every session.

Pick up person: Please indicate below who will pick up your child, include a phone number with area code and/or if they will be riding the 4 o'clock bus home which runs on both Tuesdays and Wednesdays.

Pick up location & time: In front of the elementary school at 4:00pm - Thank you for being prompt. ☺

Questions: Please contact Mrs. Randall 315-557-2255 or arandall@ccs.edu

Other: Necessary equipment will be provided- indoor stick and shin guards however, your child is welcome to bring their own shin guards if they have them. Please have your child wear sneakers. The dates are subject to change. I will be adding a couple dates in May or June, TBD. You will be notified by a note that will be sent home with your child.

Please write a note to your child's teacher to let them know that their dismissal information will change on Tuesdays and Wednesdays for Field Hockey Intramurals in addition to this permission form. Thank you! ☺

I give _____ permission to participate in the field hockey intramural program at Clinton Elementary School.

Parent/Guardian (Please print name) _____

Parent/Guardian Signature: _____

Phone Number _____ Email: _____

Child's Homeroom teacher _____ Child's Grade: 3rd 4th 5th 6th

Pick up person name and phone number PLUS back up contact information (please print):

Name of pick up person: _____ Phone Number: _____

Name of back up pick up person: _____ Phone Number: _____

_____ **Check here if your child will ride the 4:00pm bus on Tuesdays and Wednesdays.**