

ULTIMATE FRISBEE CLINIC 2010

PUT ON BY THE TRHS ULTIMATE FRISBEE CLUB

WHEN: Mon., June 21st-Wed., June 23rd (rain date Thu., June 24th)

TIME: 5:00-8:00 PM

GRADES: Incoming 7th graders-HS

WHERE: T.R.H.S. SOCCER/LACROSSE FIELD

COSTS: \$15.00/night or \$45.00 for all three nights

This co-ed, team sport is easy to learn & lots of fun. Clinic will focus on the fundamentals (Mon.) and offensive & defensive plays of the game. Participants should wear sneakers or cleats and bring water.

ULTIMATE FRISBEE CLINIC 2010 REGISTRATION FORM



Name:

Going into grade:

Address:

Phone #:

E-mail:

Medical Conditions:

Please circle dates attending: Mon. Tues. Wed. \$15.00 per night or \$45.00 for all

Total amount enclosed: \$

Checks made payable to: T.R.H.S.

Please detach & return with payment to: T.R.H.S. c/o PTSA, 36 Greenough Rd., Plaistow, NH 03865

Ultimate Frisbees available for sale at clinic while supplies last @ \$10.00 each

I hereby give permission for my child, _____, to participate in the Timberlane Regional High School Ultimate Club Clinic. In case of emergency by authorization of my signature below, I hereby allow the designated instructors/volunteers to administer First Aid and make arrangements for emergency transportation to a medical facility for emergency treatment. By virtue of my signature below, I hereby hold harmless the Timberlane Regional School District, clinic instructors and volunteers for any injury my child may receive while participating in this clinic.

Parent/Guardian Signature: _____ Date : _____