

NORTH KINGSTOWN RECREATION

GIRLS' FIELD HOCKEY at NKHS Football Stadium Grades K-8 Sundays

We at NK Rec take your health and safety very seriously. We will be abiding by the State COVID Guidelines that are subject to change. Masks are now required for participants, coaches and volunteers over the age of 2. Please bring hand sanitizer. There will be a screening at drop off, in some cases, including temperature taking, please allow yourself an extra few minutes. If you answer YES to any screening questions or you have a temperature you will not be allowed to participate that day. At this time we are allowing minimal and in most cases no spectators. Athletes are recommended to get weekly COVID-19 tests. If you have tested positive or recently been in contact with a positive case inform your coach immediately. If you have a serious underlying health condition, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, or whose immune system is compromised discretion for participation will be advised. For additional information call the office or visit repoeningRI.com

The lead instructor is Dina Bogosian who has coached high school field hockey and has been with North Kingstown recreation for many years. Coach Dina brings a wealth of knowledge, enthusiasm, and organization to every practice.

The fee includes a mouthpiece and t-shirt. We provide **SHARED** (and cleaned) sticks, balls, and goggles. Cleats & shin guards are optional because we are mostly instructional. ADDITIONAL MERCHANDISE available at https://teamlocker.squadlocker.com/#/lockers/north-kingstown-rec-field-hockey

Grades K-2 9am – 10am will begin on August 15th and ends on October 2nd FEE \$50(\$55NR) Grades 3-5 10-11:30am will begin on August 15th and ends on November 7 FEE \$90(\$99NR) Grades 6-8 11:30 -1pm will begin on August 15th and ends on November 7 FEE \$90(\$99NR) SCHEDULE FOUND ON https://nkrec.recdesk.com/Community 9/18, 10/2, 10/9 & 10/30 WILL BE SATURDAY INSTEAD OF SUNDAY

Benefits of this program are plenty of exercise, improved eye-hand coordination, fun, and learning the basic skills of the sport. NK is consistently one of the most successful teams in RI winning the state championship several times in the last twenty years. No experience necessary.

Grades K-2 SKILLS AND BASIC KNOWLEDGE of the game, game play within the group.

Grades 3-5 THERE MAY BE some opportunity for competition with other towns.

Grades 6-8 THERE IS A GOOD CHANCE there will be some opportunity for competition with other towns (COVID environment will dictate)

FOR MORE INFORMATION OR TO REGISTER ONLINE VISIT https://nkrec.recdesk.com/Community or mail FEE(THE CHECK MADE TO: TOWN OF NORTH KINGSTOWN), FORM, AND WAIVER TO FIELD HOCKEY, 100 FAIRWAY DRIVE, NORTH KINGSTOWN, RI 02852

EMAIL______@____

PRIMARY PHONE_____CELL PHONE____

SERVICE PROVIDER_____ RECEIVE TEXT NOTIFICATIONS? Y N

TSHIRT SIZE _____: Choices: ADULT (SM, M, LG, XL) OR YOUTH (S, M, L,)

MEDICALPROBLEMS?_____

EMERGENCY CONTACT NAME AND PHONE:_____

PARENT/GUARDIAN SIGNATURE

GRADE: K-2 _____ 3-5 ____ 6-8____

TOWN OF NORTH KINGSTOWN RECREATION DEPARTMENT

100 Fairway Drive

North Kingstown, Rhode Island 02852

Phone (401) 268-1542

MINOR'S CONSENT TO PARTICIPATE AND HOLD HARMLESS AGREEMENT AND RELEASE

I, (Print Name of Minor's Parent or Legal Guardian)______state that

Parent/Guardian Legal Name (SIGN):_____

(Print Minor's Legal Name) minor") the minor wishes to participate in (Print Minor)	(hereafter referred to as "the nt Name of Event or Program)
	sponsored by the North Kingstown Recreation Department (the "Recreation
Department").	sponsored by the Worth Kingstown Recreation Department (the Recreation
The minor's parent(s) or guardian(s) understar minor does not have to participate. It is under the minor's person or damage to the minor's paccept and assume the risk of injury to the mi event or program. It is understood that the Recreation Department and minor's parent(s) or guardian(s) acknowledges.	nd that participation in the above event or program is VOLUNTARY and that the estood that the event or program involves activities which could result in injury to property, and that by participating, the minor's parent(s) or guardian(s) voluntarily nor or damage to the minor's property and consent the minor's participation in the nt DOES NOT provide any insurance coverage for the minor's person or property; dge that they are responsible for the minor's safety and the minor's own health care
release from liability, indemnify, and hold had injury to the minor's person or damage to the minor's participation in the event or program, by any negligence or want or care on the part of This Hold Harmless Agreement and Release interest, and/or any person(s) suing on the min	pate in this event or program, the minor by and through the undersigned, agrees to rmless the Town of North Kingstown, its agents, officers, and employees for any minor's property which arises out of or occurs during or as a consequence of the whether or not such injury or damage may have been caused, in whole or in part of the Town of North Kingstown, its agents, officers, or employees. shall be binding upon the minor, the parent(s) or guardian(s), any successors in
	document and/or its terms are not binding upon the Town of North Kingstown, its
PARENT OR LEGAL GUARDIAN MUST	
above terms and conditions apply to said mino circumstances in the above specified event of	or legal guardian of the minor whose name appears above. I understand that the or and to myself. I further understand that said minor cannot participate under ANY or program without parental consent and that the minor will not be allowed to int. This document is binding on myself, the said minor, and any person suing on
	LVED USE OF MY CHILD'S NAME AND/OR LIKENESS (INCLUDING PHOTOGRAPHS, VIDEC BLICIZING NORTH KINGSTOWN RECREATION ACTIVITIES AND EVENTS.
Minor's Name (PRINT):	Birth date of minor:
Home State of minor:	Today's Date:
Parent/Guardian Legal Name (PRINT):	

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

North Kingstown Rec Programming has put in place preventative measures to reduce the spread of COVID-19; however, NK Rec **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending NK Rec Programming, being exposed to the public, could <u>increase</u>** your risk and your child(ren)'s risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending NK Rec Programming and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, NK Rec employees, volunteers, and program participants and their families even though North Kingstown Recreation is taking all possible precautions.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at NK Rec Programs or participation in NK Rec programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless NK Rec, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of programs, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any programming.

Print Name of Parent/Guardian Print Name of Participant(s)	Signature of Parent/Guardian Date		
	Print Name of Parent/Guardian	Print Name of Participant(s)	