



INDOOR FIELD HOCKEY

Skills, Drills, Games & Fun!

for Grades 2-6

Susan Silver, former Physical Education teacher, Coach
Assisted by Bromfield field hockey players!

Come have fun learning the fabulous fast-paced game of field hockey! Field Hockey is lots of fun! You will learn individual skills while getting to know the game and see how important it is to play as a team.

5 Tuesdays, February 11, 25, March 3*, 10, 17, 2020
3:15-5 p.m. Minimum: 12 Maximum: 24
***ER March 3, 1:15-3 p.m.**
HES Gym Fee: \$79

Class size is limited. Registration is on a first-come first served basis as received in the Community Education office.

Late pick-up will result in a \$1.00 per minute fee payable immediately to the instructor.

REFUND POLICY: Tuition is non-refundable. Check will be returned only if a class is cancelled.

Please know that it is the policy of the Harvard Public Schools not to discriminate on the basis of race, color, sex, gender identity, religion, national origin, age, disability, or sexual orientation in its educational programs, activities or employment policies as required by Title IX of the 1972 Educational Amendments,

Harvard Community Education, 39 Massachusetts Ave., Harvard, MA 01451
 978-456-4118 jcavanaugh@psharvard.org



SPECTRUM REGISTRATION FORM - Field Hockey Grades 2-6

Use this form or register online at www.psharvard.org

Name _____ Grade/Teacher _____

Allergies _____ BUS # _____

Address _____

Phone (Best Contact) _____

e-mail _____

Parent Name _____

Parent Work/Alternate Phone _____

Emergency Contact & phone _____

(Other than parent, in case parent cannot be reached)

Back up plan in case of weather cancellation

_____ TAKE BUS HOME OR _____ PICK UP

Make check payable to: **Town of Harvard**, 39 Mass. Ave., Harvard, MA 01451

*Non Residents (does not include School Choice) please add \$10 non-resident fee
 Or pay online at www.psharvard.org Online Payment Center (see Note below)

NOTE: If using the Unipay/online payment system, please forward the Payment Confirmation number to jcavanaugh@psharvard.org.

the undersigned, attest I am the parent or legal guardian of the above named child who attends the SPECTRUM program and agree to allow him/her to participate in the above listed SPECTRUM class. I further agree to indemnify and hold harmless the staff, administrators, and official assistants and to absolve them from any and all liability arising from my child's participation in this activity.

I have read and am fully aware of the policies (ie. late pick up, refunds etc.) of Harvard Community Education and the SPECTRUM Program.

 PARENT/GUARDIAN SIGNATURE

 DATE

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