

Youth Field Hockey

Spring Clinic 2020

WHO: Students in grades K through 6

Open to all skill levels, beginner to advanced.

WHAT: East Pennsboro Varsity Field Hockey Team is hosting a field hockey clinic. This is a great opportunity to learn the sport of field hockey. We will learn rules, game concepts, skills, dribbling, passing, shooting, and defense. Players will learn during drills and game situations all while having fun and fostering a love for field hockey.

WHERE: Varsity Field Hockey Field (by EPASD Admin Building)

WHEN: May 19 - 21, 2020 from 5 PM to 6:30 PM

COST: The cost for each participant is \$75.00. This includes a stick, ball, mouth guard, and shin guards – all which is yours to keep! (If you have equipment the cost is cheaper – see registration form)

If you have any questions, please contact Coach Groff at eagroff@epasd.org.

Liz Groff
Varsity Field Hockey Coach



Website: <http://bit.ly/epfhspringclinic2020> or scan QR Code

This is a fundraiser for the HS field hockey team and all money from this will benefit the East Pennsboro field hockey team and program.

REGISTRATION FORM

Name _____

Grade: _____ Birthday _____ School _____

Parent/Guardian _____

Home Address _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact _____

Contact Phone _____

- A. _____ Yes, we wish to buy the stick package, which includes a stick, ball, shin guards, and a mouth guard. \$75.00

Child's Height in ***inches***: _____ (This is very important to make sure that your child gets the appropriate stick size)

- B. _____ No, we **do not** wish to buy the stick package. \$35.00

Please make a **checks payable to EPABC with field hockey in the memo**

PLEASE READ THE FOLLOWING WAIVER AND SIGN

I, the undersigned, being a parent and legal guardian of this camper, approve of my daughter's attendance, and certify she is in good health and able to participate in all activities. If medical attention is required for an illness or injury during the camp, I grant permission for such care to be rendered. Further, I hereby waive and release the camp, its staff and the East Pennsboro School District from any and all liability for any illness or injuries incurred by my daughter while at camp.

Parent Signature: _____

Date : _____

Medical Insurance Co.: _____ Policy ID #: _____

PLEASE RETURN NO LATER THAN WEDNESDAY, April 1st