# *Cumberland Valley Field Hockey Booster Club*
# *Summer Camp*

You're invited! Come join the Cumberland Valley Field Hockey Coaching staff and varsity team for five days of field hockey fun. This is a camp for younger field hockey players who wish to improve their basic skills. We will be teaching and reviewing fundamental skills, such as holding the stick, dribbling, and passing. Throughout the week, we will progress to small game situations and, eventually, to some scrimmages with the high school team. *Players need to bring a mouthguard, shinguards, a water bottle, sunscreen, and running shoes to each session*. Sticks will be provided if a player does not have one. If you have any further questions, please contact:

Susan Emerick
Head Varsity Field Hockey Coach
semerick@cvschools.org

## *Details, details, details…*

**When:** June 26th – June 30th from 9:00 am until 12:30 pm

**Where:** Eagle View Stadium
6746 Carlisle Pike
Mechanicsburg, PA 17055

**For:** Girls **entering** grades 2 – 9

**Cost:** **Postmarked by June 10th *with t-shirt*: $100.00**
Postmarked by June 10th *without t-shirt*: $85.00
Paid at late registration *without t-shirt* (see below): $85
**NOTE: Checks will not be cashed until after the June 10th deadline.**

**Late Registration:** To be held on the first day of camp from 8:15 am – 8:45 am at the turf.
(In case of rain, we will meet in the Eagle View Middle School Lobby!)
*Please note that if you have not mailed your information and payment by June 10th your only option for registering is at the late registration. **Late registrants will not be able to purchase camp t-shirts**. Any extras will be available on a first come, first serve basis.*

**Please fill out the attached form and mail it, *along with payment*, to:**

Susan Emerick
c/o Varsity Field Hockey Coach
6746 Carlisle Pike
Mechanicsburg, PA 17050

***Checks should be made payable to:*** Cumberland Valley Field Hockey Booster Club

## *ALL APPLICATIONS & FEES MUST BE POSTMARKED BY JUNE 10th!*

# *Cumberland Valley Field Hockey Booster Club Summer Camp*
# *2017 Camp Application*

**ALL APPLICATIONS AND FEES POSTMARKED BY: JUNE 10th, 2017**

- **with t-shirt: $100**
- **without t-shirt: $85**
- **late registration (no shirt): $85**

Please make all checks payable to: Cumberland Valley Field Hockey Booster Club

NAME: _____ AGE: _____

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARENT EMAIL: _____

GRADE IN FALL OF 2017: _____ SCHOOL IN FALL OF 2017: _____

POSITION: UNDECIDED ____ KEEPER _____ DEFENSE _____ OFFENSE _____

I INTEND TO BORROW A STICK FOR CAMP: YES NO PLAYER'S HEIGHT: _____

T-SHIRT SIZE: Youth Large ___ Adult Small ___ Adult Medium ___ Adult Large ___

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# *Cumberland Valley Field Hockey Booster Club Summer Camp*
# *Parent Consent Form & Emergency Contact Information*

I give my consent for my daughter/ward, _____, to participate in all activities at the Cumberland Valley Field Hockey Booster Club Camp. I agree that the Cumberland Valley School District, member of the School Board, members of the Cumberland Valley Field Hockey Booster Club, and the coaching staff will in no way be responsible for any injuries suffered by my daughter/ward while engaged in the program activities. Furthermore, I hereby release the aforesaid from any and all liability for such injuries.

**Parent/Guardian Signature:** _____ **Date:** _____

**Printed name of Parent/Guardian:** _____

**Parent/Guardian Phone Number(s):** _____

Please indicate who each number will reach and the number "type" (home, work, etc.). Remember that these numbers will most likely be used between 9:00 am and 12:30 pm.

_____

_____

_____

_____

In case of emergency, camp staff will first attempt to contact a parent/guardian via the information above and in the order in which it is provided. ***In case we would be unable to reach a parent*****,** please list the name, relationship, and phone number of a person to contact in case of an emergency.
Note that we will proceed through this list only as far as it takes to contact one person.

**Emergency Contact's Name: _____**

**Emergency Contact's Relationship to Camper:** _____

**Emergency Contact's Phone Number(s):**

_____ _____ _____

***If there are any allergies or medical problems we need to know about, please attach a separate note giving specific instructions for treatment.***