

SESSION 1

June 18th -Monday (7th to 9th graders Skills Session) 3pm to 6pm

June 19th -Tuesday (3rd to 6th graders Skill Session) 3pm - 6pm

SESSION 2

June 21st -Thursday (All Grades 3rd to 9th) 4pm to 6pm



SUMMER CLINIC

Equipment Needed

- *mouth guard
 - *shin guards
 - *water
 - *registration + Payment
 - * Stick if you have one
- checks made to CYFH

* Link to register electronically on our FaceBook site
<https://www.facebook.com/clearviewfieldhockey/>

SUMMER FIELD HOCKEY CLINIC

"Summer Skills"

SESSION 1: The Monday & Tuesday Sessions will be split based on Fall 2018 Grade levels . These sessions will primarily focus on skill development with Clearview Field Hockey Coaches & High School Coach - Britney Ewan (at a cost of \$30 for the 3 hour session)

SESSION 2: The Thursday Session, will combine on grade levels and will focus more on in game strategy, live game scenarios, and competitive drills and tournaments. (at a cost of \$20 for this 2 hour session)

You can choose both Session 1 and Session 2. Or can choose only one of the two. (Session 1 must use appropriate grade level day).

CHOOSE SESSION(S)

___ Session 1: (Monday) My player will be in 7th, 8th, or 9th grade this Fall. Please Register them for this 3 hour session at a cost of \$30.
(or)

___ Session 1: (Tuesday) My player will be in 3rd, 4th, 5th, or 6th grade this Fall. Please Register them for this 3 hour session at a cost of \$30.

___ Session 2: (Thursday) Please Register them for this 2 hour session at a cost of \$20.

REGISTRANT / PLAYER INFORMATION

Player Name: _____ School Attending this Fall: _____

Date of Birth: _____ 2018 Fall Grade: _____ Parents/Guardians Name: _____

Home Phone: _____ Cell Phone (Parents): _____ Email (Parents): _____

Medical Conditions(Player): Yes ___ No ___ Information: _____

Emergency Contact:(Name) _____ (Relation) _____ (Phone Number) _____

*** Billing, you will receive an email with payments instructions to prepay or too send with your Player the day of their first session.*

In consideration of allowing my child to participate in Harrison Youth Field Hockey, Inc, field hockey program, I hereby waive any and all rights for claims of injury or damage during the 2018 field hockey season or in transit to and from any and all practices, scrimmages, and all other field hockey events, against Harrison Township, Harrison Youth Field Hockey, Coaches, Team Parents, Trustees, or Officer.

___ Parent Signature: _____

Photo Release Acknowledgment or Denial.

Photos of the event will be taken and may be posted electronically for the use of promoting or advertising future programs. However will exclude any identifying or personal information. If you desire to not permit any published photos from this event that include the above registrant please check the appropriate box.

___ Please allow this Registrant to be included in photos or videos of event. ___ Please exclude this Registrant from any published photos or videos of event.