

# Central York High School Youth Field Hockey Camp Registration Form



**Date:** June 13<sup>th</sup> and 14<sup>th</sup>

**Location:** Central York High School Turf Field

**Grades:** First through incoming 9<sup>th</sup> graders

**Time:** 1<sup>st</sup>-4<sup>th</sup> 9am-10:30am, 5<sup>th</sup>-9<sup>th</sup> 9am-12pm

**Cost:** 1<sup>st</sup>-4<sup>th</sup> \$25, 5<sup>th</sup>-9<sup>th</sup> \$35

***\*\*Please make check payable to Central York High School and include with this registration form. Registration is due by **May 23<sup>rd</sup>**. Late registrations will not be guaranteed a shirt\*\****

The goal of this camp is to teach the fundamentals of field hockey, while growing the love of the game. This short camp will be packed with basic and advanced skills, competitive games, and high energy coaches looking to help players learn. Players will engage in individual skill training, small group game play, and scrimmages. Players can expect to learn and improve on:

- Hitting techniques
- Basic and advanced stick skills
  - Passing and receiving
- Defensive and offensive techniques
  - Game strategies

**Coaches:** Alexa Taylor and the Central York Field Hockey staff along with members of the Varsity and JV field hockey team

## **Important Notes:**

- 1.) ALL campers must bring their own water
- 2.) No jewelry of any kind may be worn
- 3.) Shin guards and mouthguards must be worn during drills. Please let me know if you do not have a stick
- 4.) Sneakers or cleats should be worn

Athlete Name: \_\_\_\_\_

Grade Level, Fall 2022: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

If unable to reach parent/guardian, in case of an emergency, contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please circle one T-shirt size for camp t-shirt (choose one)**

**Youth**    S    M    L    XL    XXL

**Adult**    S    M    L    XL    XXL

**Medical Information/Release**

Hospital/Urgent Care Preference: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Does the athlete have any special medical conditions we need to be aware of?    Yes    No

If yes, please explain: \_\_\_\_\_

I authorize the field hockey coaches and players at the Central York High School field hockey camp to act for me according to their best judgment in an emergency requiring medical attention, and I release Central York High School field hockey coaches as well as Central York High School from any and all liability for injuries, illnesses, or lost property incurred while the above named athlete is at camp. I have no knowledge of any physical condition that would be affected by the above named athlete's participation in the camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send your camp registration to:**

Ms. Alexa Taylor  
Central York High School Athletic Department  
601 Mundis Mill Rd York, PA 17406

For additional questions, please contact Coach Alexa Taylor at [alexataylor1011@gmail.com](mailto:alexataylor1011@gmail.com) or (717)683-3193