

CENTRAL YORK FIELD HOCKEY SUMMER CAMP 2024



DATE: June 10-12

LOCATION: Central York High School Turf Field

GRADES: Incoming 1st through incoming 9th graders

TIME: Monday and Tuesday- 9am-12pm (4th-9th grade), 9am-10:30am (1st-3rd grade)

Wednesday- Join us for a night under the lights! 6:30-7:30pm! Parents can watch the campers participate in drills and finish the night with a game

COST: 4th-9th grade- \$55, 1st-3rd- \$35

****PLEASE MAKE CHECK PAYABLE TO Central York Athletic Booster Club AND INCLUDE THIS REGISTRATION FORM. Registration is due by May 20th.**** Late Registrations not guaranteed a camp shirt

The goal of this camp is to introduce and teach the fundamentals of field hockey. This camp will be packed with fun and intense basic and advanced skills. Players can expect to learn and improve on:

- Basic and advanced passing and receiving
- Basic and advanced shooting skills
- Stickwork and ball handling skills
- Offensive and defensive strategies

Coaches:

- CYFH High School and Middle School coaching staff
- Members of the CYFH High School Team

Other:

1. All campers must bring their own water
2. No jewelry of any kind may be worn during the clinic
3. Shin guards and mouth guards must be worn during all drills. Please let me know if you need a stick
4. Sneakers or cleats should be worn

	Shirt Sizes				
Youth	XS	S	M	L	XL
Adult	S	M	L	XL	

Athlete Name: _____

Grade: _____

Parent Email: _____

Parent/Guardian Name: _____

Work/Cell Number: _____

Parent/Guardian Name: _____

Work/Cell Number: _____

If unable to reach parents/guardians, in case of an emergency, contact:
Name: _____ Phone: _____

Medical Information/Release
Hospital/Urgent Care Preference: _____

Physician Name: _____ Number: _____

Does the athlete have any medical conditions we need to be aware of? Y N

If yes, please explain: _____

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

Parent/Guardian Signature: _____ Date: _____

I, _____ **grant permission to Central York School District and Central York Field Hockey for the use of the photograph(s) or electronic media images in any presentation of any and all kinds whatsoever of my child.** I understand that I may revoke this authorization at any time by notifying a member of the field hockey coaching staff in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

Parent/Guardian Signature _____ Date: _____

Please send your camp registration to:

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 or (717)683-3193