

# CENTRAL YORK FIELD HOCKEY SUMMER CAMP 2025



**DATE:** June 9-11

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

**GRADES:** Incoming 1<sup>st</sup> through incoming 9<sup>th</sup> graders

**TIME:** 4-9<sup>th</sup> grade- 9-12, 1<sup>st</sup>-3<sup>rd</sup> grade- 9-10:30am

**COST:** 4<sup>th</sup>-9<sup>th</sup> grade- \$75, 1<sup>st</sup>-3<sup>rd</sup>- \$40



Grades 1-3



Grades 4-9

Registration is due by May 23rd.\*\* Late Registrations are accepted, but do not guarantee a camp shirt. Please use the QR code for payment as well as mail your registration form. There will be no cash or check option this year

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

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: \_\_\_\_\_

**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](mailto:alexataylor1011@gmail.com) or (717)683-3193