Cumberland Valley Field Hockey Booster Club 2020 Summer Camp - UPDATE

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 learn and 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:

Ashley Taylor
Field Hockey Coach
cvfhcoach@aol.com

Natalie Leitzell Field Hockey Coach nleitzell@cvschools.org

Details, details, details...

When: July 20th – July 24th from 9:00 am until 12:30 pm

Where: Eagle View Stadium

6746 Carlisle Pike

Mechanicsburg, PA 17055

For: Girls entering grades 1-9

Cost: Received by Friday, July 3rd with t-shirt: \$100.00

Received by Friday, July 3rd without t-shirt: \$85.00 Paid at late registration without t-shirt (see below): \$85

NOTE: Checks will not be cashed until after the start of camp.

Late Registration: To be held on the first day of camp from 8:30 am – 9:00 am at the turf.

(In case of rain, we will meet in the Eagle View Middle School Lobby!)

*Please note that if we have not received your information and payment by June 5th your only option for registering is at the late registration. Late registrants will not be able to purchase

camp t-shirts. Any extra shirts will be available to purchase on a first

come, first serve basis.*

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

CVFH Booster Club % Jenn McKenzie 314 Lamp Post Lane Camp Hill PA 17011

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

Distribution of this material does not constitute endorsement by the District

EARLY REGISTRATION & FEES MUST BE RECEIVED BY JULY 3RD

Cumberland Valley Field Hockey Summer Camp 2020 Application with t-shirt: \$100 without t-shirt: \$85late registration (no shirt): \$85 Please make all checks payable to: Cumberland Valley Field Hockey Booster Club NAME: _____ AGE: ___ STREET: _____ STATE: _____ ZIP CODE: _____ PARENT EMAIL: PERMISSION TO EMAIL YOU WITH FIELD HOCKEY INFO: YES NO GRADE IN FALL OF 2020: _____ SCHOOL IN FALL OF 2020: _____ POSITION: UNDECIDED ____ KEEPER ____ DEFENSE ____ OFFENSE ____ I INTEND TO BORROW A STICK FOR CAMP: YES NO PLAYER'S HEIGHT: T-SHIRT SIZE: Youth Med ____ Youth Large ___ Adult Small ___ Adult Med ___ Adult Large ___ 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, members 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. Permission to photograph your child & use it on social media sites and the school webpage. YES NO Parent/Guardian Signature: _____ Date: _____ Printed name of Parent/Guardian: Parent/Guardian Phone Number(s): Please provide a number/numbers that can be reached between 9:00am and 12:30pm & list who each number will reach. In case of emergency, camp staff will first attempt to contact a parent/quardian via the above, in the order 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.