



# 2020 Winter Elementary Field Hockey Clinic



Girls in grades Kindergarten - 5<sup>th</sup> are invited to participate  
in the Cumberland Valley Field Hockey  
Winter Indoor Clinic

**Wednesdays in January and February**

**4:30pm – 6pm**

**Green Ridge Elementary Gymnasium**

Clinics begin on Wednesday, January 8, 2020

- CVFH coaches and Varsity team players will coach all clinics
- Players should bring their own shin guards and mouth guards
- Players may bring their own sticks but there will be sticks available to borrow
- Clinics will focus on learning and refining fundamental field hockey skills and include opportunities to participate in small game play
- All levels of playing experience welcome

Cost is \$30. Checks payable to CVFHBC.

No pre registration is necessary.

Please bring completed information sheet from CVFH website

*[http://cvschools.org/athletics/teams/field\\_hockey](http://cvschools.org/athletics/teams/field_hockey)*



*Cumberland Valley Varsity Field Hockey  
2017 Mid Penn Commonwealth Champions*

Photos provided by  
CVFH parents

***Cumberland Valley Field Hockey Booster Club Winter Clinics  
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 Winter Clinics. 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.

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

**Printed name of Parent/Guardian:** \_\_\_\_\_

**Parent/Guardian Phone Number(s):** \_\_\_\_\_

Please indicate who each number will reach and the number "type" (home, work, etc.). Remember that these numbers will most likely be used.

_____
_____
_____
_____

In case of emergency, camp staff will first attempt to contact a parent/guardian via the information above and in the order in which it is 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.***