

2018 Lady Gales Field Hockey Camp



DATES: June 25-June 27 (Monday-Wednesday)

PURPOSE: Our Lady Gales Field Hockey Camp will give your daughter a chance to work with the Lancaster High School coaching staff and players from the high school team. This camp will feature fundamentals, competitions, and drills.

GRADES/TIMES: Youth Camp 6:00-7:30pm (Entering Grades 4, 5, 6, 7 & 8).

LOCATION: Lancaster High School- Field Hockey Field (Behind the high school, right beside the soccer and baseball fields)

- **COST:** \$90 (includes instruction 3 days, a Camp T-Shirt, stick package (stick package includes a stick, ball, mouth guard and a set of shin guards)
- **COST:** \$45 (includes instruction 3 days and a Camp t-shirt) **This option is for those that came last year and do not need a stick, ball, mouth guard and shin guards.

PAYMENT: Make checks payable to: Lancaster Field Hockey Boosters

STAFF: Lancaster High School Coaching Staff

REGISTRATION: Please complete the bottom and return to Lancaster High School with check by **May 25th**

Attention: Allison Kinniard/Varsity Field Hockey Coach 1312 Granville Pike Lancaster, OH 43130

QUESTIONS: Contact Allison Kinniard Cell: 614-774-2030 or Email: a_henderson@lancaster.k12.oh.us

_____ CUT HERE _____

Student Name: _____ Age: _____

Home Address: _____

City: _____ Zip: _____ Phone Number: _____

Grade (Entering): _____ School: _____ Parent Email: _____

Youth Shirt Size (please circle): S M L XL Adult Shirt Size (please circle): XS S M L XL XXL

Stick Size: (circle one) 34 inch 35 inch Color of stick: (circle one) Pink Blue

I _____, give my permission for my child, _____, to participate in the Lady Gales Summer Field Hockey Camp and agree that any medical services needed are to be covered by our family medical coverage. In consideration for my child's participation, I will not hold the camp employees or Lancaster City Schools responsible for any loss, damages, or injuries that may be received as a result in the participation in this camp. In addition, I give my permission for any medical treatment by any qualified physician or at the nearest hospital emergency room in case that I cannot be reached.

Parent/Guardian Signature: _____

Emergency Contact Number: _____