

# KUTZTOWN UNIVERSITY

## FIELD HOCKEY

### COMPETITION & SKILLS CLINIC

SUNDAY, APRIL 14<sup>TH</sup> | 2019

## PROGRAM SUMMARY

Our Field Hockey Competition & Skills Clinic is designed to give prospective-student athletes who may be interested in attending Kutztown University an opportunity to train with the KU coaching staff. Our clinic is open to any and all entrants, and will include learning both technical and tactical skills during multiple stations run by staff and current players. You will also have the opportunity to compete in a series of 7v7 games and fun competitions. To end the session, we will have a Q & A session with the current team and coaching staff.

## OTHER INFO

**WHAT** | Field Hockey Clinic (Grades 7-12)

**WHEN** | Sunday, April 14, 2019

**WHERE** | University Field at Kutztown University

**TIME** | 1:00 pm— 4:00 pm

**COST** | \$65 Pre-Registration (Prior to April 14, 2019)

\$80 Walk up Registration

**WHAT TO BRING** | Stick, mouth guard, shin guards, turf shoes or sneakers, and water bottle. Goalies must bring their own equipment.

## PAYMENT

Please mail your check, made payable to:

**Kutztown Field Hockey**

**Marci Scheuing Head Field Hockey Coach**

**Kutztown University 201 Keystone Hall**

**Kutztown, Pa 19530**

To register online with a credit card:

[www.kutztownusportscamps.com](http://www.kutztownusportscamps.com)

## CONTACT

**COACH SCHEUING**

scheuing@kutztown.edu

610-301-1154 (cell)

610-683-4378 (office)



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**FIELD HOCKEY**  
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**SUNDAY, APRIL 14<sup>TH</sup> | 2019**

## REGISTRATION FORM

Name: \_\_\_\_\_  
High School: \_\_\_\_\_  
High School Graduation Year: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Shirt Size (Please Circle One):    Small    Medium    Large    X-Large  
Position: Forward    Midfielder    Defense    Goalie  
Club Team (if applicable): \_\_\_\_\_

## WAIVER FORM

I understand that I am financially responsible for any medical bills incurred by me during my participation in the Kutztown ID Clinic. In case of emergency, I grant permission for emergency treatment to be given to me by the appropriate medical personnel. In consideration of the use of premises or facilities owned or operated by Kutztown University and/or in consideration of permitting to participate in the activity listed above, on behalf of myself, my heirs, executors, administrators, successors or assigns. I hereby release and forever discharge Kutztown University, its agents, servants and employees of and from any and all manner of actions, causes of action, suits, damages, claims and demands, on account of personal injury, including death, or any other cause whatsoever, which I may have against them by reason of or arising in the above-listed activity.

Parent/Guardian Signature \_\_\_\_\_

Emergency Contact Name and Number \_\_\_\_\_