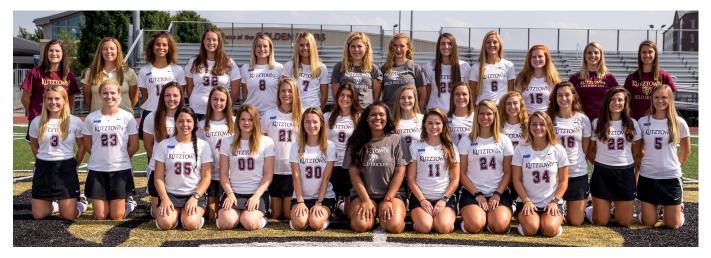


Competition & Skills Clinic—Sunday, April 29th, 2018 Program Summary:

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.

	What:	Field Hockey Clinic (Grades 7-12)
Payment	When:	Sunday, April 29th, 2018
Please mail your check, made payable to: Kutztown Field Hockey	Where:	University Field at Kutztown University
Marci Scheuing Head Field Hockey Coach Kutztown University 201 Keystone Hall Kutztown, Pa 19530	Time:	1:00 pm— 4:00 pm
	Cost:	\$65 Pre-Registration (Prior to April 20, 2018)
		\$80 Walk up Registration
		Registration includes a KUFH shirt!
To register online with a credit card: <u>www.kutztownusportscamps.com</u>	Contact	Coach Scheuing—scheuing@kutztown.edu or Cell- 610-301-1154, Office– 610-683-4378

What to bring: Stick, mouth guard, shin guards, turf shoes or sneakers, and water bottle. Goalies must bring their own equipment.



REGISTRATION FORM

FIELD HOCKEY CLINIC

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

WAVIER 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_____

