



FIELD HOCKEY

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.

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

What: Field Hockey Clinic (Grades 7-12)

When: Sunday, April 29th, 2018

Where: University Field at Kutztown University

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!

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: _____ 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): _____

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 _____

