



## FIELD HOCKEY

### Competition & Skills Clinic—Sunday, April 26th, 2020

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

**What:** Field Hockey Clinic (Grades 7-12)

**When:** Sunday, April 26th, 2020

**Where:** Andre Reed Stadium at Kutztown University

**Time:** 1:00 pm— 4:00 pm

**Cost:** \$65 Pre-Registration (Prior to April 26)

\$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 \_\_\_\_\_

