



FIELD HOCKEY

Little Cubs Field Hockey Clinic—Tuesday, June 16th, 2020

Program Summary:

Our Little Cubs field hockey clinic is designed to give boys and girls of all skill levels an opportunity to train with the KU coaching staff. Our clinic is open to any and all entrants, and will include learning skills during multiple stations run by staff and current players. You will also have the opportunity to compete in a series of fun competitions. To end the session, we will have a Q & A session with the current team and coaching staff.

Payment

To register online with a credit card:
www.kutztownusportscamps.com

Or mail your check, made payable to:
Kutztown Field Hockey

Marci Scheuing
Head Field Hockey Coach
Kutztown University
201 Keystone Hall
Kutztown, PA 19530

What: Field Hockey Clinic (Ages 4-12)

When: Tuesday, June 16th, 2020

Where: Andre Reed Stadium at Kutztown University

Time: 5:30 pm— 7:00 pm

Cost: \$22 Pre-Registration (Prior to June 15)
\$30 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. Stick Packages available through Longstreth at a discounted rate! Please see sheet attached to this flyer!



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):

Youth Small	Youth Medium	Youth Large	Youth XL
Adult Small	Adult Medium	Adult Large	Adult 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 _____



Special Longstreth Pricing for

KUTZTOWN™

GOLDEN BEARS

Little Cubs

USE PROMOTIONAL CODE: GOBEARSGO

Gryphon Youth Composite Package JCPG20

Includes your choice of stick, shins (HL893), ball (HB5), and mouthguard (HM100C)

Retail: \$65.95 LITTLE CUBS PRICE: \$45



GRYPHON LAZER STICK PACKAGE

Color: Black or Purple

Length: 28, 30, 32, 34, 35



Gryphon Youth Wood Package JYPG20

Includes your choice of stick, shins (HL737), ball (HB5), and mouthguard (HM100C)

Retail: \$37.95 LITTLE CUBS PRICE: \$28



GRYPHON GATOR STICK PACKAGE

Color: Pink or Teal

Length: 28, 30, 32, 34



Contact Longstreth
for special pricing.

800-545-1329

Cannot be used
on web orders.

Customer must
mention

Promo Code:
GOBEARSGO

to receive
special pricing.
While supplies last.

Offer expires
June 16, 2020.

PLAYER HEIGHT	STICK SIZE
4 & UNDER	28"
4'1" - 4'3"	30"
4'4" - 4'6"	32"
4'7" - 5'	34"
5'1" - 5'3"	35" - 35.5"
5'4" - 5'9"	36" - 36.5"
5'10" & OVER	37" - 37.5"

LONGSTRETH
FIELD HOCKEY

Call Longstreth to place order

800-545-1329

KUTZTOWN[™]

ATHLETICS

THIS FORM IS TO BE COMPLETED BY PARTICIPANTS ATTENDING ANY KUTZTOWN UNIVERSITY SPONSORED CAMP/CONFERENCE/CLINIC/EVENT.

I, _____, desire to participate in _____
(Participant Name) (Name of Summer Camp or Conference Event)

at Kutztown University on _____.
(Date of Event)

Informed Consent Release and Express Assumption of Risk:

I realize injuries can be a consequence of participation in this activity and no amount of reasonable supervision or use of facility will prevent injury. I appreciate the character of the risk involved and I voluntarily assume (on behalf of my child if participant is a minor) all risk of possible death, harm or injury. I understand and appreciate that such injury could also include, without limitation, serious or permanent injuries to all bodily organs and functions. I am aware of the risk of participation in this designated activity. I have carefully considered how the possible consequences of injury may impact my life (or my child's life), and I choose to accept the risk involved (and allow him/her, if minor child) to participate in the designated activity.

In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility of Kutztown University, Pennsylvania's State System of Education, the Commonwealth of Pennsylvania, and the employees, officials or agents of any and all of the foregoing, pursuant to, or pertaining or related to, arising from, in any manner, injuries to myself (my child) as a result of my (his/her) participation in this activity.

Health History/Medical Treatment:

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend the conference named above. In order that my son/daughter may receive the proper medical treatment in the event that he/she may sustain injury or illness during the period of the above conference, I hereby authorize the conference staff and the Kutztown University Health Center to obtain or provide medical treatment for my son/daughter for such injury or illness during the conference, and I hereby hold the University, as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my son/daughter may sustain physical illness or injury while at a conference at Kutztown University. If this occurs, I hereby authorize conference staff and Kutztown University Health Center and Kutztown University representatives to refer my son/daughter to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the conference.

Understanding that there is always a possibility that my son/daughter may sustain physical illness or injury, I acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his/her participation, and I further release Kutztown University Foundation and its representatives and Kutztown University and its representatives from any claims for personal illness or injury that my son/daughter may sustain during the conference. I further acknowledge and understand that my son/daughter will be responsible for his/her failure to abide by the rules and regulations of the conference named above or of Kutztown University.

Operations or serious injury (dates): _____

Disability or chronic recurring illness: _____

Dietary modifications: _____

Current medication taking: _____

Do you carry family medical/hospital insurance? _____ Carrier # _____

Photography/Video Release

The person(s) whose signature appears below agrees to allow his or her child's photograph(s)/video to be taken and used without monetary compensation for purposes related to publicity and promotion at Kutztown University. The means may include promotional materials, advertisements/publication in newspapers, and publication by electronic means. The photos will be taken solely for university publications, publicity and promotion related to university programs, and KU agrees that it will not distribute the photographs to third parties for any other purposes.

Participant Signature

Date

Parent Signature

Date