Next Level Field Hockey

Website: www.nextlevelfieldhockey.com

Email: nextlevelfh17@gmail.com

2019 Field Hockey Camp Registration Form

- **Please return completed form with a check made payable to:**
  - *Next Level Field Hockey*
- **Send to:**
  - *920 McGrann Boulevard, Lancaster, PA 17601*

Register before June 1st and receive a $10 discount!

Registering siblings? 2nd athlete receives $20 off!

Camp Options

- If registering for both camps or registering two athletes, please submit ***two registration forms***.

Select One:	Camp Description	Guidelines	Date/Time	Location	Cost
☐	**Youth Field Hockey Day Camp** (Fundamentals and fun!) Each camper gets a free t-shirt! *The Elizabethtown School District is not responsible for any injuries sustained during this camp.	For athletes going into grades 1st through 6th in the Fall of 2019.	June 17-21, 2019 8:00-11:00 am	Elizabethtown High School's Jane Hoover Field	$100 per athlete *$90 if reg. before June 1
☐	**Junior High Team/Individual Camp** (Focus on developing skills within a team setting. Competitions and fun. Get ready for fall!!) Each camper gets a free t-shirt! *THE DONEGAL SCHOOL DISTRICT IS NOT SPONSORING, OFFERING OR ENDORSING THIS ACTIVITY.	For athletes going into grades 7th through 9th in the Fall of 2019.	June 24-27, 2019 Session 1: 8:00-11:00 am Lunch: 11:00-12:00 pm Session 2: 12:00-3:00 pm	Donegal High School's Athletic Complex (Turf field)	$200 per athlete *$190 if reg. before June 1

Camper's Name: _____ Grade Fall '19: _____

Athlete's School District of Residence: _____ T-shirt size (Youth S up to Adult L): _____

Athlete's years of FH experience: _____ Is your athlete a goalie or interested in goalie? Yes OR No

Parent/Guardian's Name: _____ Primary Phone: _____

PRIMARY EMAIL (used for all important camp correspondence): _____

Teammate Requests: _____

Has your athlete attended Next Level camps or training previously? ☐ Yes ☐ No If yes, list: _____

HEALTH QUESTIONNAIRE & WAIVER

Athlete's Name (Last, First): _____ Date of Birth: _____

PARENT CONTACT INFORMATION

Parent's Name(s): _____ Parent's Cell: _____

Parent's PRIMARY email address: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

DAYTIME PHONE: _____ NIGHT PHONE: _____ CELL: _____

Have you had any of the following in the past year? (Check all that apply)
Surgery: ☐ Asthma: ☐ Shortness of Breath/Fainting: ☐ Ear infection/Dizziness: ☐ Convulsions/Seizures: ☐

Fractures/Severe Pain: ☐ Heart Trouble/Murmur: ☐ Severe/Frequent Headaches: ☐

Please describe anything checked in detail: _____

Are you taking any prescription/non-prescription medications? ☐ Name of Medication: _____

Do you have any drug allergies? _____ If yes, what? _____

Other allergies? _____ If yes, what? _____

Personal Physician: _____ Phone: _____

Health Insurance Company: _____ Policy Number: _____

Name of Primary Insured: _____ Expiration Date: _____

RELEASE AND WAIVER OF LIABILITY AGREEMENT:

I hereby release and discharge NEXT LEVEL FIELD HOCKEY, LLC its agents, employees, staff members, directors, and officers from any claims, responsibilities or liabilities for injuries or harm incurred as a consequence of my involvement as a coach, a player or spectator during my participation.

I fully understand that these activities involve risks and dangers of serious bodily injury. These risks and dangers may be caused by my own actions or by the actions of others participating in the activity, the condition in which the activity takes place, or the negligence of the participant named above; there may be other risk and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages incurred as a result of my participation in the activity.

I authorize Next Level Field Hockey, LLC, its agents, employees, staff members, directors and officers to take whatever action is necessary, in their best judgment, in an emergency and I hereby release and discharge Next Level Field Hockey, LLC, its agents, employees, staff members, directors and officers from any responsibility or liability related thereto. I hereby grant Next Level Field Hockey, LLC, to administer proper treatment for the participant.

I certify that the participant is in good health and able to participate in all training activities.

I give permission to use my name, picture and/or likeness in any printed media or any form of advertisement. I fully renounce any and all claims upon NEXT LEVEL FIELD HOCKEY, LLC for reimbursement for use of this material.

Signature: _____ ***Date:*** _____
(Parent/guardian should sign if participant is under the age of 18).

920 McGrann Blvd
Lancaster, PA 17601
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Email:nextlevelfh17@gmail.com Website: www.nextlevelfieldhockey.com
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