



2018 Patriot Field Hockey Camp
First Colonial High School - 2011, 2012 & 2015 Virginia
AAA State Champions
 July 9-12, 2018

Camp Mission: Varsity Head Coach Beanie Schleicher, Junior Varsity Coach Ellen Ross, and the varsity field hockey players will teach fundamental skills including dribbling, passing, shooting, stick work and defense.

- Age Group:** Age 5 thru Rising 9th Graders
- Location:** First Colonial High School Athletic Fields (1272 Mill Dam Road, Virginia Beach, VA 23454)
- Times:** 9am-12pm
- Cost:** \$125
- Staff:** First Colonial High School Varsity Coach Beanie Schleicher, JV Coach Ellen Ross, and current varsity players.
- Registration:** Mail this completed application/waiver and check made payable to First Colonial Field Hockey Booster Club to:

 First Colonial Field Hockey Booster Club
 c/o Beanie Schleicher
 1272 Mill Dam Rd
 Virginia Beach, VA 23454
- Information:** Please contact Michele Hedspeth at firstcolonialfieldhockey@gmail.com.

Last Name: _____ **First Name:** _____

Address: _____

Phone Number: _____ **Email:** _____

Position: ___ Field Player ___ GK **Experience Level:** ___ Beginner ___ Intermediate ___ Advanced

Age : _____ **School Attending (Fall 2018):** _____ **Grade:** _____

Release of Liability and Medical Authorization

In consideration of being permitted to participate in 2018 Patriot Field Hockey Camp, I hereby release First Colonial High School, its coaches, staff and players from any and all liability or claims relating to any bodily injury or property damage that may be sustained by the camper while attending the Camp.

I hereby authorize and give my consent to the staff of the Camp to act on my behalf to secure medical treatment for the administration of all emergency medical and/or emergency surgical treatment that may be necessary in connection with, including transportation to or from, the Camp. I understand that should an emergency medical problem arise, an attempt will be made to contact me. In the event that I cannot be reached, I hereby give consent to such treatment as deemed necessary by a licensed health care professional.

I agree to assume all costs related to such treatment. I understand that I will be responsible for any medical or other charges in connection with attendance at this Camp.

 Parent or Legal Guardian Name (Printed) Parent or Legal Guardian Signature Date

Phone # of emergency contact _____