

CRIMSON FIELD HOCKEY CLUB
Registration Form

Name: _____
(First) (Last)

Address: _____
(Street/P.O. Box)

Town: _____ State: _____ Zip: _____

*Email Address: _____
(Required for Confirmation of Registration)

*Parent's Email Address: _____
(Required for Confirmation of Registration)

Grade 2011-12: _____ Date of Birth: _____

School: _____

Field Hockey Experience: _____

Home Phone: () _____

Cell Phone: () _____

Parent's Name/Phone Number:

Emergency Contact/Name and Phone Number:

Check Program and Circle Age Group Attending

Winter Program

Spring Program

Under-12 Under-14 Under-16 Under-19 Goalie

Total Included: _____

Make Check Payable to: Crimson Field Hockey Camp, Inc.

Mail to: P.O. Box 382032 Cambridge, MA 02238

**Please return this form along with the 'Health Information
and Care Authorization Form.'**

Upon receipt of your application, confirmation of your registration will be emailed to you and your parent/guardian. You are required to include parents/guardian email address on registration form. All correspondence will be through email.

CRIMSON FIELD HOCKEY CLUB STAFF

CLUB PRESIDENT: SUE CAPLES

Head Coach, Harvard University
Director, Crimson Field Hockey Camp

ASSISTANT DIRECTOR: JULIE MUNSON

Assistant Coach, Harvard University
Assistant Coach, James Madison University, 2004-09
University of New Hampshire '04

ASSISTANT DIRECTOR: JEN LONG

Assistant Coach Harvard University
Pennsylvania State University '09
Two-time All-American

Staff will also consist of local club and college coaches as well as Harvard University players.

QUESTIONS PLEASE CONTACT:

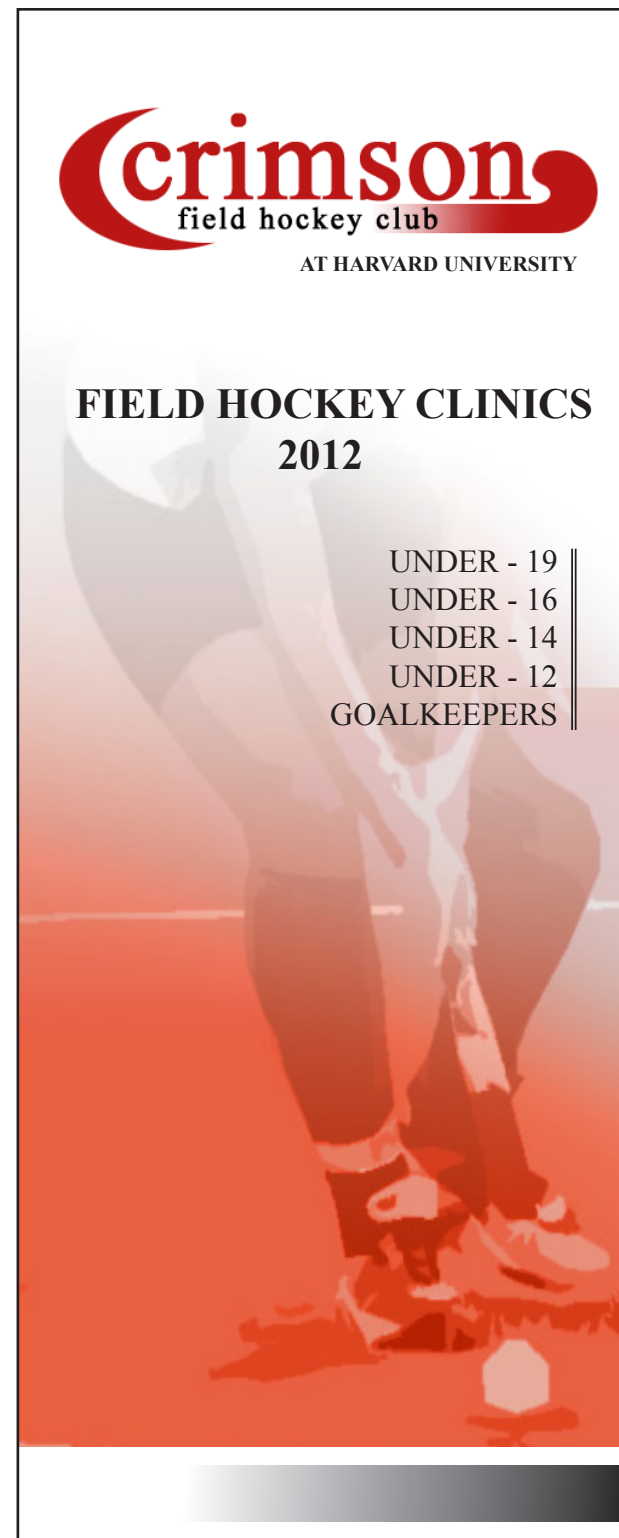
Sue Caples, President
crimsonfieldhockeycamp@gmail.com



AT HARVARD UNIVERSITY

FIELD HOCKEY CLINICS
2012

UNDER - 19
UNDER - 16
UNDER - 14
UNDER - 12
GOALKEEPERS



PROGRAMS

This season, Crimson Field Hockey Clinics will host its seventh year of training and competition. Crimson Club is designed for highly motivated and enthusiastic athletes who are looking to learn the game and improve their field hockey skill, execution and decision-making ability. Prior experience is not necessary.

Specific goalkeeper training will be provided at all sessions.

APPAREL

Each club athlete (field player) will receive a Club scrimmage vest. Goalies will receive a goalie shirt.

LOCATION

All sessions will be held at Harvard University's Athletics Complex in Cambridge, MA.

For directions, go to:

<http://www.crimsonfieldhockeycamp.com>



DATES & TIMES

There are two training periods of the clinic program. The Winter Program consists of four sessions and the Spring Program consists of six sessions (12 sessions total) of comprehensive field hockey instruction. Athlete enrollment will be limited per age group, with enrollment accepted on a space available basis in the following age divisions: U19, U16, U14, U12, Junior, and Turf Tykes.

The Goalie Program is for athletes 12-18 years of age, of all ability levels. Goalie sessions will focus on skills and tactics necessary to play this highly specialized position. Sessions will focus on the basic skills for the beginner and advanced skills for the elite goalkeeper. Goalies will be grouped according to their ability.

Winter Program

Divisions: U19, U16, U14, U12, Goalkeepers

Dates: Sundays, January 8 - February 12 (six sessions)

Location: Harvard University - Harvard Stadium Bubble

Times: 4-6 p.m. (Jan. 8), 5-7 p.m. (Jan. 15, 22, 29),

6-8 p.m. (Feb. 5, 12)

Tuition: \$340

Spring Program

Divisions: U19, U16, U14, U12, Goalkeepers

Dates: Sundays, April 1 - May 6 (six sessions)

Location: Harvard University - Jordan Field

Times: 10 a.m.-noon

Tuition: \$340

Junior Program

Ages: 8-11

Dates: Spring

Location: Harvard University - Jordan Field

Times: TBD

Turf Tykes Program

Ages: 5-7

Dates: Spring

Location: Harvard University - Jordan Field

Times: TBD

HEALTH INFORMATION AND CARE AUTHORIZATION FORM 2012

Participant's Name: _____

Birthdate: _____

Parent/Guardian's Name: _____

Address: _____

Home Phone (____) _____

Work: (____) _____

3rd Phone(____) _____

Alternate emergency person: _____

Home Phone (____) _____

Work: (____) _____

3rd Phone(____) _____

Participant's primary physician: _____

Phone(s): _____

Participant's Allergies: _____

Participant's medications/ dosage (during camp only): _____

Participant's restrictions: _____

My child is covered by family medical/ hospital insurance:

Yes: _____ No: _____

If yes, name of insurance company: _____

Insured's name & relation to camper: _____

Insured's policy # and ID#: _____

Group ID#: _____

(Please attach a photocopy of the insured's wallet card)

My/our child is physically able to participate fully and safely in the camp field hockey program and has no medical conditions, which would limit her participation. I/we will be fully responsible for all medical expenses incurred by my/our child while attending the Crimson Field Hockey Camp. I/we grant Crimson Field Hockey Camp staff authority to take appropriate actions for my/our child's health and safety and to obtain necessary medical assistance.

I/we realized that there are unavoidable risks involved in field hockey. In consideration of your acceptance of my child's application, I hereby agree to assume all risks associated with the camp on behalf of my child and hereby agree to accept and assume such risks and also to release Crimson Field Hockey Camp, Inc., and its officers, directors, agents, servants or employees from my any and all liability.

I/we have read and freely signed this agreement, which shall take effect as a sealed instrument, as be governed by the laws of the Commonwealth of Massachusetts.

Parent/Guardian Signature _____

Date _____

*The camp must comply with regulations of the Massachusetts Department of Public Health (105 CMR 430.000), and be licensed by the Boston Board of Health. Information on 105 CMR 430.000 can be obtained at (617) 983-6761.