## Thornton Academy Field Hockey Camp

open to players of all abilities entering grades 2-9

at Thornton Academy's Hill Stadium

Monday, July 8<sup>th</sup> - Thursday, July 11<sup>th</sup>

9:00 a.m.-12:00 p.m.

Players will learn or improve field hockey fundamentals while also working on individual and team concepts of offense and defense. Advanced skills will be taught where appropriate.

The TAFH Camp will be directed by head coach Lori Smith and assisted by TAFH assistant coaches and current TA players and alumnae.

Please come dressed to play and bring a snack, and a water bottle.

Sunscreen is recommended.

Mouth guard, shin guards, eye protection and a stick are required. Youth stick packages available at Longstreth:

https://www.longstreth.com/Stick-Packages/products/1080/

Equipment rentals are also available through Saco Rec. by reservation ahead of time.

Bad weather cancellations will be emailed/texted by 7:45 a.m. the morning of a session.

Cost: \*\$85.00 per player which includes a mesh reversible tank. Please make checks payable to *Thornton Academy Field Hockey*. Fill out registration form and mail both by June 8<sup>th</sup> to:

Lori Smith Thornton Academy 438 Main Street Saco, ME 04072

\*Registrations mailed or turned in after June 8th will be \$100.00.

FMI: lori.smith@thorntonacademy.org

## **Thornton Academy Field Hockey Camp**

Player name:	_ Grad	e ente	ring in Sept.:
Reversible mesh tank size in adult sizing ( <b>please circle one</b> ): XXS			
Contact phone # to send info. or cancellations, voice:		_ text:	
E-mail address for sending camp info. to:			
Contact person during camp:			
Telephone #:			
Proof of Insurance:			
Is your child covered under a medical insurance policy: (Please circ	cle one	YES	NO
If not, optional coverage is available for camp by contacting TA Ac	tivities	Directo	or Gary Stevens:
Gary.Stevens@thorntonacademy.org or (207) 602-4406.			
List the following (Explain thoroughly any YES responses. Enclose	se a no	te for	longer explanations):
Any medical conditions/injuries currently under treatment that we	need to	be aw	vare of?
(Please circle one) YES NO			
If yes, please explain:			
Any medicines/inhalers the player is currently taking? Please list: _			
Any Asthma and/or allergies (include food/drug/bee sting- if so plewith player)?			
Social Media Permission:			
I give permission for photos including my child to be posted on Th	ornton	Acade	emy's social media:
(Please circle one) YES NO			
Waiver of liability, and medical release agreement:			
I hereby voluntarily permit my child,			_, to participate in the
2019 Thornton Academy Field Hockey Camp. I understand and fully	/ ассер	t that t	here are risks involved
in playing field hockey, and that accidents and injuries are commo	on and	are or	dinary occurrences of
this sport. I hereby agree to accept any and all risks of injury and ho	ld harn	nless Tł	nornton Academy and
the staff, volunteers, designated coaches, and program officials from	om all I	iability.	In the event of injury
or illness, I give my permission to administer any emergency medi	cal atte	ention.	I verify this statement
by my signature below.			
Parent/Guardian Signature:			
Date:			