

REGISTRATION FORM

NAME (PLEASE PRINT) _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____

E-MAIL ADDRESS (CONFIRMATION SENT VIA EMAIL) _____

SCHOOL ATTENDING _____ GRADE _____

LOCATIONS: (CHECK WHICH BOXES APPLY)

SCRIPPS RANCH DePORTOLA BOTH SESSIONS

COACHES NAME: _____

EMAIL: _____

4TH AND 5TH GRADE GROUP:

(NEW AGE GROUP WILL TRAIN WITH THEIR AGE GROUP)

BEGINNER YEARS PLAYED _____

MIDDLE SCHOOL GROUP:

BEGINNER YEARS PLAYED _____

Position: FORWARD MID FIELD BACK

PARENT/GUARDIAN _____

MEDICAL INSURANCE COMPANY _____

POLICY NUMBER _____

PARENT'S/GUARDIAN'S SIGNATURE _____

AMERICAN FIELD
HOCKEY ACADEMY
565 BRIARWYCK DR.
BALLWIN, MO 63011

4TH ANNUAL 2018 AMERICAN FIELD HOCKEY ACADEMY SPRING CLINICS

WWW.AMERICANFIELDHOCKEYACADEMY.COM

**New Location and Age
Group Added!**



**San Diego, California
DePortola Middle School
Stonebridge Park, Scripps Ranch**

All levels of play welcome!

WHAT IT'S ALL ABOUT

Celebrating it's 29th year, the AFHA program is the longest running, most recognized and respected camp in San Diego. Our clinics help great athletes advance to the next level and all ages are welcome. We aim to teach field hockey to girls interested in learning a new sport, and are proud to offer Middle School spring clinics as well as summer day camps.

NEW THIS YEAR

We have moved our Scripps Ranch location to Stonebridge Neighborhood Park to service Marshall Middle School and Pacific Trails Area schools. This clinic will be held on Fridays.

4th Annual De Portola Middle School Clinic will now offer a beginner group with 4th and 5th graders. They will have their own coach/group to help them learn the game.

If you really want a lot of hockey this spring you can combine both Spring clinics and play on Friday's at Stonebridge Neighborhood Park and Thursday's (De Portola Middle School) see registration details and pricing. Attend one or both clinics! Register today!

REQUIRED EQUIPMENT

- Hockey Stick • Shin Guards
- Goalies must bring their own equipment

www.AmericanFieldHockeyAcademy.com

HOW IT WORKS

DePortola Middle School Clinic: will run for 8 weeks on **Thursday's 3:30-5:00 pm.**

Dates are as follows: **March 1, 8, 15, 22**
April 5, 12, 19, 26

Come warmed-up and ready to start. All age groups welcome. You will be assigned to a group based on your skill level. 4th/5th grade group is expanding this year — bring your younger sister or friend!

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Stonebridge Neighborhood Park in Scripps Ranch will run for 8 weeks on **Fridays's 3:45-5:15 pm.**

Dates are as follows: **March 2,9, 16, 23**
April 6, 13, 20, 27

Come warmed-up and ready to start. All age groups welcome. You will be put in a group according to your skill level.

CAMP DIRECTOR

DIANE (LOOSBROCK) CHUNG



- USAFH Level I & II Coaching Certified
- Futures HC, U-14, and Asst. Coach-Level I, Region II
- Former USAFH, Futures Program-RDM Region 10 and II
- Former Division I Head Coach
- Former U.S. National Team Member
- World Cup Team
- All-American, Iowa
- All Big Ten Decade Team

APPLICATION

- De Portola Middle School Spring Clinic**
Thursdays 3:30-5:00 pm,
March 1, 8, 15, 22 & April 5, 12, 19, 26
- Stonebridge Neighborhood Park, Scripps Ranch**
Fridays 3:45-5:15 pm
March 2, 9, 16, 23 & April 6, 13, 20, 27
- Stonebridge Neighborhood Park, Scripps Ranch & DePortola Combined**
(10% Discount for 16 sessions)

Paid in full upon registration. No refunds.

- Individual Clinic (Stonebridge or DePortola) \$175
- Both Clinics (includes 10% discount) \$315
- Walk Up (Per 8 week session) \$200

Phone reservations accepted.
Call Diane at 847.508.9808 or dloosbrock@msn.com

Camps will fill up rapidly. Apply Immediately!

MAKE ALL CAMP CHECKS PAYABLE TO:

American Field Hockey Academy
565 Briarwyck Dr. Ballwin, MO 63011

Waiver Statement- You must sign to be eligible to play
I hereby consent to allow the use of any photographs take during the camp to be used for advertising. I certify that my child has no injury which would limit her participation in camp and has had a physical examination during the past year. I also authorize the director of the camp to act for me in any emergency requiring medical attention. I hereby release, exonerate and discharge the camp and its employees from any or all actions or causes of actions, known or unknown, from any injuries incurred in camp or on the way to camp. I have medical coverage and will be responsible for any medical or other charges related to her attendance at camp

PARENT/GUARDIAN'S SIGNATURE

DATE

EMERGENCY CONTACT

PHONE NUMBER

CAMPER'S SIGNATURE

DATE

Camp registration will not be accepted without signed waiver form.
Emergency medical treatment is available at nearby hospitals. Campers are subject to their own family insurance, which is **REQUIRED**