

Upper Arlington Youth Field Hockey Camp 2017

Learn the sport of field hockey as a new player, or improve your skills if you have played before! Upper Arlington High School field hockey will be hosting a field hockey camp for girls who are incoming 4<sup>th</sup> through 8<sup>th</sup> graders for the 2017-2018 school year. You will work with members of the Upper Arlington High School field hockey team and the Upper Arlington High School Coaching Staff, lead by Sara Greaves. This camp will help you to improve your basic field hockey skills, and you will have the chance to test your skills out in scrimmages. Sign up to discover how fun field hockey can be! **Register by 5/29 to guarantee that you will receive a shirt.**

CAMP FEES \$125.00

CAMP LOCATION: Upper Arlington High School Turf Field

CAMP TIME & DATES: 5:30-8:00 June 19<sup>th</sup>-June 23<sup>rd</sup>

PARTICIPANTS TO BRING: Shin guards, sticks, mouth guards, goggles, and water

Make Checks payable to: Upper Arlington Field Hockey

Mail Checks to:

UA Field Hockey Camp  
c/o Mike Mimnaugh  
2261 Glenmere Road  
Columbus, OH 43220

*\*Please email Sara Greaves at saragreaves156@gmail.com with any questions*

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REGISTRATION FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Year in School this coming Fall \_\_\_\_\_

T-shirt Size (Small, Medium, Large, X-Large - indicate youth or adult): \_\_\_\_\_

Parental/Guardian Consent and Waiver

I hereby give my consent for my daughter(s)

\_\_\_\_\_ to participate in the 2017 Upper  
Arlington High School Youth Field Hockey Camp.

I hereby release and discharge Sara Greaves, Upper Arlington Schools, Upper Arlington High School, and any coach or employee of any injuries or illnesses which may result due to my daughter(s)'s participation in the 2017 Upper Arlington High School Youth Field Hockey Camp. By signing this form, you, on behalf of yourself and your daughter(s) or any other persons for whom you are legal guardian, confirm:

(1) That you understand the statements contained on this form; and

(2) That you release Sara Greaves, Upper Arlington Schools, Upper Arlington High School, and any coach or employee for any claims, liability, injury, or damages occurring during participation in the 2017 Upper Arlington High School Youth Field Hockey Camp.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*This activity is not sponsored by the Upper Arlington City School District\*

EMERGENCY MEDICAL AUTHORIZATION

*\*PART 1 OR 2 MUST BE COMPLETED\**

Student's Name: \_\_\_\_\_

PART 1 (TO GRANT CONSENT) In the event reasonable attempts to contact me at \_\_\_\_\_ or at \_\_\_\_\_ have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ at \_\_\_\_\_ or (preferred physician) by Dr. \_\_\_\_\_ at \_\_\_\_\_ or (preferred dentist) in the event the designated preferred practitioner is not available, by another licensed physician or dentist and (2) transfer of my child to \_\_\_\_\_ or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in necessity for such surgery, are obtained before surgery is performed.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Health Concerns (Diabetes, Asthma, Bee Stings, Etc.): \_\_\_\_\_

Physical Impairments: \_\_\_\_\_

Date of Last Tetanus Booster: \_\_\_\_\_

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*PART 2 (REFUSAL TO CONSENT) DO NOT COMPLETE PART 2 IF YOU COMPLETED PART 1:*

I do not give my consent for emergency medical treatment of my child, in the event of illness or injury requiring emergency treatment, I wish the school authorities to TAKE NO ACTION OR TO:

\_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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