

Weston HS Girls Field Hockey Pre-Season Training Camp

This is a great way of getting ready for the start of the **2017** season! The clinic will focus on: improving stick skills; team skills and tactics through small sided games and scrimmages; and fitness. This is open to ALL level of players in ANY grade. Incoming 9th graders are encouraged to attend. **Participation is HIGHLY recommended.**

The Coaches:

Darli Ebling: Former Weston High School Field Hockey assistant varsity and JV coach

Erin Wilson – Current WHS Physical Education Teacher and former WHS Varsity Field Hockey coach

Specifics:

Monday, August 21st - Wednesday, August 23rd (Season starts Thursday, August 24th)

Weston HS Varsity Turf Field 9:00 am - 11:00 am

Cost: \$90 (please note for families: any athlete after the first 2 in a family, fee is waived)

Players MUST have: Field Hockey stick, PROTECTIVE GOGGLES, SHIN GUARDS AND MOUTH GUARD TO PARTICIPATE. In addition, players should bring filled water bottle to each session

questions: email Coach Ebling; darli9@aol.com

Registration Info:

Fill out form and mail \$90 Payable to: Darli Ebling

Mailing Address: Darli Ebling c/o

Weston High School Athletic Department

115 School Road

Weston, CT 06883

OR: Forms and check may be dropped off to Mrs. Erin Wilson at Weston High School

Note: Checks made out to WHS or Weston Field Hockey can NOT be cashed

FORMS/PAYMENT DUE by August 1st

Please Note: payments and forms received after August 1st will be accepted as space allows

Weston HS Girls Field Hockey Pre-Season Registration Form

Athlete Name: _____

Grade in Fall 2017: _____

Athlete Email: _____

(please print neatly, email will be used to contact athlete prior to the start of the camp)

Parent/Guardian Name: _____

Parent/Guardian Contact Number: (home) _____

(cell) _____

(emergency contact and phone) _____

Waiver- Please Sign Below

In consideration of your accepting my or my child's registration, I hereby for myself or my child waive and release any and all rights and claims for damages I or my child may have against the Weston Board of Education or the Weston Parks & Recreation Department, Darli Ebling & Erin Wilson and its representatives, successors and assigns, for any and all injuries suffered by myself or my child at the activity sponsored by this group. I understand that there is inherent risk associated with this activity and authorize emergency medical treatment and transportation in my absence.

Parent/Guardian Name (signature): _____ Date: _____

Athlete's Signature: _____

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