**2025 WISSAHICKON**

**Field Hockey Camp**

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The Wissahickon High School Field Hockey team is once again hosting our instructional camp for young field hockey players from grades 1 through 9. Our camp is staffed by knowledgeable and enthusiastic individuals who are former and current collegiate players and are dedicated to improving the quality of Field Hockey in and around our district. Our staff understands that players bring various abilities to camp and will work with each player on an individual basis to improve their game in all areas. Through drills and playing time, each camper will learn the basic skills of the game in a fun and cooperative environment. There will be specialized goalkeeper instruction.

**Where:** Wissahickon High School Stadium

**Dates:** Monday, June 16th to Friday, June 20th 2025

**Time:** Morning (Grades 1-9): 8:30-11:30 AM

**Cost:** $150.00 per player\*

**Items to Bring**: Field hockey stick, shin guards, turf shoes or sneakers, mouth guard, water bottle, and a snack.

To register, complete the attached form to:

hannahehav13@yahoo.com

Payment can be sent via Venmo to **@Hannah-Havrilla**

Or Mail

**Hannah Havrilla**

**105 Augusta Drive Blue Bell, PA 19422**

Any questions? Please email Coach Hannah at hannahehav13@yahoo.com

Camp Registration closes: **Saturday, June 7th**

\*If two or more children from the same household are attending camp, deduct $10 from each participant’s camp fee.

**2025 WISSAHICKON**

**FIELD HOCKEY CAMP**

Registration Form

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| --- | --- |
| Player Name: | Grade in Fall 2025: |
| School: | T-shirt size:  |

I acknowledge and understand the risks inherent with the activities carried under this program. I agree to assume the risk that unexpected events may occur and result in loss, harm, injury or damage to property while my child is participating. I hereby agree to indemnify and hold harmless Wissahickon High School and any other persons connected to this event from any liability.

I hereby approve of my child’s attendance at the Wissahickon Field Hockey Camp and certify that he/she is in good health and able to participate in the clinic. I authorize the Director to act for me according to her best judgment in any emergency requiring medical attention. I understand, should emergency conditions arise, I will be contacted as quickly as possible. I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the doctor rendering treatment.

|  |  |
| --- | --- |
| \*Parent/Guardian Signature: | Date: |
| \*Parent/Guardian Cell Phone: |  |
| 2nd Parent/Guardian Cell Phone:  |  |
| \*Parent/Guardian E-Mail Address:  |  |
| 2nd Parent/Guardian E-Mail Address: |  |
| Payment: Check# \_\_\_\_\_\_ or Venmo \_\_\_\_\_\_\_\_ |  |

\*required

PHOTO RELEASE: I hereby grant Wissahickon Field Hockey permission to use my likeness in photographs and/or video in any and all of its publications, including websites and any and all other media, whether now known or hereafter existing, controlled by Wissahickon Field Hockey, in perpetuity, and for other use by the Wissahickon Field Hockey team. I will make no money or other claim against Wissahickon Field Hockey for the use of any such photographs and/or video.

|  |  |
| --- | --- |
| Player Signature:  | Date: |
| Parent/Guardian Signature:  | Date: |