



# U. CITY FIELD HOCKEY YOUTH CLINIC

For girls 3<sup>rd</sup> - 8<sup>th</sup> grades



Held by the players & coaches of the UCHS Field Hockey Varsity & JV teams

**When:** Saturday September 25<sup>th</sup> 9:00-11:30am

Rain Date - To Be Determined if necessary

**Where:** UCHS Field Hockey Field - At the corner of Hanley Rd. & Shaftesbury Ave.

**Cost:** \$10.00 (cash or check payable to UCHS Athletic Dept. - Field Hockey)

**Why:** Because we LOVE field hockey & want to share our passion & knowledge with younger players!!

**Equipment:** Sticks can be borrowed, but a *mouthguard*, *shinguards* and a *water bottle* are required.

**RSVP:** Call/email Coach Marisa Sheppard at 477-5896 or [coachsheppard@mac.com](mailto:coachsheppard@mac.com) by

**WEDNESDAY SEPTMEBER 22<sup>nd</sup>!!!**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_ Email: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (cell &/or work): \_\_\_\_\_

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

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

Hospital of Choice: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

\*\*I \_\_\_ allow or \_\_\_ do NOT allow my child to be photographed during U. City Field Hockey events by Coach Marisa Davenport Sheppard or an assistant appointed by her to take photos.

\*\*I \_\_\_ allow or \_\_\_ do NOT allow photographs (for which in the above statement I have given my permission to be taken) to be used with or without my child's name for any lawful purpose, such as publicity, illustration, advertising and web content.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please return bottom portion and payment on the day of the clinic.**

**\*\*Girls will NOT be allowed to participate without providing ALL information.**

Also check out our website at

**[www.ucityfieldhockey.com](http://www.ucityfieldhockey.com)**