

A Chic with Stix Field Hockey Clinic



When: September 6, 13, 20 and October 4, 11, 18, 25 (Rain dates will be adjusted accordingly)

Where: Center Avenue Field, Atlantic Highlands

Time: 8:30am-10:00am

Ages: 8-13 years old

Cost: \$100.00 per player (Cash or Check; Make checks payable to A Chic with Stix)

Directed and coached by: Kendra Castellano, field hockey enthusiast and owner of A Chic with Stix, field hockey and lacrosse store in Fair Haven, NJ

Equipment needed: Field hockey stick, shinguards, goggles, mouthguard, cleats or turf shoes, and water

Questions?

E-mail: achicwithstix@yahoo.com

Phone: 732-403-0285

Registration Form – please PRINT clearly

Name: _____

Address: _____

Birth Date: _____ **Age:** _____ **Grade:** _____

Home Phone #: _____ **Emergency/Parent Cell Phone #:** _____

Parent E-Mail Address: _____

Medical Concerns/Allergies: _____

Completed registration forms are due on or before September 6th.

Camp Fee and Payment Information:

\$100/participant

Camp Fee must be paid in full at time of registration. Payment can be made in cash or check made payable to A Chic with Stix. No refunds for early withdrawal and a \$40.00 fee will be charged for bounced checks.

You can mail or drop off this completed registration form with payment to:

A Chic with Stix
c/o Kendra Castellano
807 River Road
Fair Haven, NJ 07704

Parent/Guardian Release:

I, _____, hereby authorize the staff of the A Chic with Stix Field Hockey Camp to act for me/my child in their best judgment in any emergency requiring medical attention. I certify by signing that my child has health insurance coverage and has had a physical examination within the past school year.

I understand that physical exercise can be strenuous and subject to risk of serious injury. Knowing this, I hereby voluntarily agree to waive and release A Chic with Stix, LLC and all of its staff from any and all liability for injuries or illnesses incurred while at the program or on the way to and from the program. I have notified Kendra Boyd of my child's special needs.

Parent/Guardian Signature

Date