
Putnam Valley Field Hockey Camp

Who: Entering 3rd to entering 10th grade

When: July 11th - July 15th 2011

Time: 8:30am - 2:00pm

Where: PV Turf Field

Price: \$135 for the 1st child, \$115 for 2nd child in same family

Campers will need mouth guard, shin guards, stick and goggles.

Bring Lunch, sunscreen & lots of water!!!!

Some sticks and goggles will be available for those who don't have any.

Any Questions, Please Contact Toniann Cortina (845) 528-6149 or tcdj07@aol.com

Registration Form

I hereby give my permission for _____ to participate in 2011 Putnam Valley Summer Camp in the sport/activity of _____ and my child is in good health, and does not have any health related restraints that would not allow him/her to participate in such physical activity. It is my understanding that my child will comply with the policies of the Putnam Valley Central School District and the camp instructors. My child and I are aware that participating in _____ Camp is a potentially hazardous activity. We assume all risks associated with participation in this sport or activity. I acknowledge that even with the best coaching, supervision, and observance of rules, injuries are still a possibility. I also understand that I have to either pick my child up or arrange to have transportation for my child at 2:00 each day.

Further, I authorize the Camp Director(s) to provide emergency treatment of any injury or illness my child may experience if qualified personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Emergency Contact Information:

Parent\Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Family Physician: _____ Telephone Number: _____

Medical Conditions: _____

Any known Allergies (Medical, food, or other): _____

Child's Date of Birth: _____

Other Person to Contact in Case of Emergency: _____

Relationship with person: _____

Home Phone: _____ Cell Phone: _____

I understand this informed consent form and agree to its conditions.

Parent\Guardian: _____ Date: _____

HAVE YOU EVER PLAYED FIELD HOCKEY BEFORE? YES NO

GRADE CHILD IS ENTERING: _____

T-SHIRT SIZE: (circle one) Youth: S M L or Adult: S M L XL

Please mail check/cash/money order & registration form sheet to the following address:

Toniann Cortina
Field Hockey Camp
180 Peekskill Hollow Rd.
Putnam Valley, NY 10579

Registration Due by: July 1, 2011***Make Checks Payable to Putnam Valley Central Schools