**2017 SEALS SUMMER FIELD HOCKEY LEAGUE**

**RUN BY SELINSGROVE FIELD HOCKEY ASSOCIATION**

**WHEN: 6 DATES ON THURSDAY EVENINGS, JUNE 15TH THRU JULY 20th**

**TENTATIVE DATES: 6/15, 6/22, 6/29, 7/6, 7/13 & 7/20**

**7/23 (raindate if needed)**

**PLACE & TIME: SELINSGROVE HIGH SCHOOL STADIUM (on turf)**

**WARMUP & INSTRUCTION BEGINS @ 5PM GAMES BEGIN @ 5:30 – 6:30/7PM**

**COST: $10 PER PLAYER – CHECKS MADE PAYABLE TO “SFHA”**

**AGES: SEAL PUP DIVISION ENTERING GRADES 3 – 5/6**

**SUPER SEAL DIVISION ENTERING GRADES 6 – 8**

**FORMAT: WE WILL BEGIN EACH SESSION WITH APPROXIMATELY 25 MINUTES OF DRILLS TO HELP OUR PLAYERS DEVELOP THEIR BALL HANDLING SKILLS. PLAYERS IN EACH DIVISION WILL BE SPLIT INTO TEAMS.**

**GAMES: APPROX. 20/30 MINUTES IN LENGTH. PLAYED IN A 5v5 OR 6v6 FORMAT.**

**GAMES WILL BEGIN AT APPROX. 5:30PM WITH EACH TEAM PLAYING 2 GAMES PER NIGHT.**

**PLEASE ARRIVE ON THE FIELD AT 5pm ON JUNE 15TH**

**ENDING TIME- approx. 6:30pm - DEPENDING ON NUMBER OF PLAYERS**

**SHINGUARDS AND MOUTH PIECES ARE MANDATORY FOR PARTICIPATION IN PRACTICES AND GAMES. IF YOU DO NOT HAVE YOUR OWN STICK, THERE WILL BE STICKS AVAILABLE TO BORROW FOR EACH GAME.**

**PLEASE RETURN REGISTRATION/WAIVER FORM WITH PAYMENT TO:**

* **COACH KEISER DURING CAMP WEEK (JUNE 5 TO JUNE 8) OR**
* **SEND TO: Cathy Keiser, 50 R & J Sports Lane, Selinsgrove, PA 17870 OR**
* **EMAIL TO:** [**ckeiser@seal-pa.org**](mailto:ckeiser@seal-pa.org) **& bring payment on JUNE 15**

**ANY QUESTIONS CALL Coach Keiser @ 570-847-6481**

**DIDN’T GET A FORM AND WANT TO REGISTER - JUST SHOW UP ON THE 15TH**

**SEALS SUMMER FIELD HOCKEY LEAGUE REGISTRATION/WAIVER FORM**

**DATES: THURSDAYS 6/15 to 7/20**

**PLAYER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLAYER ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLAYER PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GRADE ENTERING: \_\_\_\_\_\_ BIRTHDATE: \_\_\_\_\_\_\_\_\_\_\_**

**SPECIAL REQUIREMENTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***PLEASE INCLUDE $10 PAYMENT – CHECKS PAYABLE TO “SFHA”***

**WAIVER:**

**I am aware of the risks involved for my child if she participates in this type of athletic event and will take responsibility for all medical supervision or care that may be necessary as a result of participation in this event. I will not hold any member, player, coach or official of the Selinsgrove field hockey association responsible for any financial or other compensation due to injury or damage sustained. I give my permission for my child to participate in this league.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN SIGNATURE DATE**

**RETURN WITH PAYMENT TO COACH KEISER AT CAMP**

**EMAIL TO:** [**ckeiser@seal-pa.org**](mailto:ckeiser@seal-pa.org) **(bring payment to 1st session)**

**MAIL TO: Cathy Keiser, 50 R & J Sports Lane, Selinsgrove, PA 17870**

**OR JUST SHOW UP ON THE 15TH.**