

*Get Ready for the season!*



# **Field Hockey Training Camp**

*on the Turf*

**Monday, August 30- Thursday, September 2nd**  
**Mon-Wed: 9am-12pm      Thurs: 1-4pm** (awards @ 3:30)  
**Ages: Incoming 5<sup>th</sup>-8<sup>th</sup> Graders**

**Wesley Bishop Turf Field, Church Street, Moorestown, NJ**

**\$150**

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€ *Instructors: USA Field Hockey Association trained and former Division I Athletes, current outdoor and indoor coaches*

€ *9:1 Camper to Coach Ratio*

€ *Players grouped by age and/or knowledge and skill level*

€ *Skill Stations:*

*stickwork    positioning    passing and receiving    dribbling    dodges  
tackling    corners    footwork    off the ball movement    channeling  
goal scoring    rules    free hits    teamwork    and more...*

€ *Daily Games and Scrimmages*

€ *Cross Training Stations; agility, speed, core strength*

€ *Mind/Body Connection in Athletics*

€ *Improve skills and have fun at the Field Hockey "Olympics"*

€ *On the turf for excellent skills transfer*

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**Must have a stick, mouthguard, shinguards, sneakers/cleats to play  
and don't forget a water jug!**

**BE STRONG IN BODY AND MIND**  
**Fitness, Conditioning and Athletic Cross Training for Girls**  
[www.balancedathletics.com](http://www.balancedathletics.com)





balanced athletics

## field hockey training camp registration form

Participant Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Make checks payable and mail with forms to: **balanced athletics po box 267 Moorestown, NJ 08057**

### medical release form

I hereby give my permission for any and all medical attention necessary to be administered to my above named child, in the event of an accident, injury, sickness, etc. under the direction of the person(s) listed below. I also hereby assume the responsibility for payment of any such treatment.

#### Person(s) to Notify if parents can't be reached:

Name \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### consent to medical treatment

If the above named participant needs emergency medical treatment and neither parent nor the family doctor can be reached, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

\_\_\_\_\_  
*Signature of Parent/Guardian Print Name Date*

Family Physician: \_\_\_\_\_

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

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

Known Allergies: \_\_\_\_\_

Special Information Regarding Medical History \_\_\_\_\_

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

### waiver and release of liability for minor participants

In consideration of my child, being allowed to participate in any way in balanced athletics field hockey camp, the undersigned:

1. Acknowledge that my child is qualified, in good health and has no limiting conditions to participate in physical activities. If I observe any unusual significant concern in my child's readiness for participation and/or in the program or premise itself, I will remove my child from participating and notify the nearest official immediately;
2. Agree and understand that sport activities involve physical exertion, stretching, speed, and possible contact and that participation in these activities involve risks and could result in serious injury including permanent disability or death arising out of field conditions, player conduct, equipment, the participants actions or inactions or negligence, the actions or inaction's of others participating in the activities, the condition of where the activity takes place or the negligence of the "releasees" listed below, including unforeseen circumstances and random chance. I, myself, spouse and/or my minor child are fully aware of the risks associated with these sports and physical activities and knowingly and freely assume all such risks both known and unknown and assume full responsibility for my child's participation.
3. I, for myself, my spouse, my child, and on behalf of my/our heirs, family, assigns, personal representatives, estate, and next of kin, release, waive, discharge and covenant not to sue and agree to indemnify, save and hold harmless Balanced Athletics, LLC, its respective administrators, directors, coaches, other employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event: ("Releasees"), with respect to any and all injury, disability, death or loss or damage to person or property incident to my child's involvement or participation in these programs, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.
4. I represent and warrant I carry my own health and liability insurance coverage in amounts sufficient to provide adequate compensation for any losses or expenses incurred due to injury while my minor child is a participant at balanced athletics camps.

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

Parent or Guardian (Signature/Relationship) \_\_\_\_\_