

Summer Youth Field Hockey Clinic 2018

When: Thursdays, June 21st - July 26th (K-8)

Time: 4:00- 5:30pm (K-5) & 5:30-7 (6-8)

Location: Field 2, Windham High School

Hosted by: Windham High School Field Hockey

For: Girls entering K – 8th grade

Sign Up: Make checks **payable to Windham High School**

Windham HS, C/O Athletic Department

406 Gray Road

Windham, ME 04062

Please contact Cory DiDonato with questions at corydidonato@gmail.com or cell 318-3558.

You can also find information on the “Windham Field Hockey” Facebook page

Registration deadline June 10th

Our summer programming will be run by the varsity coach, Cory DiDonato, as well as the high school field hockey athletes. Cory played college field hockey at USM and has been a coach for over 10 years. She started coaching field hockey at Bonny Eagle High School, then went on to coach the Windham varsity team for six years. During that time, she was selected at 2006 Class A Coach of the Year. She then became an assistant coach for USM for a year before deciding to take time off to start a family. She returned to coaching Windham two years ago.

Equipment Information:

Youth sticks are available for those who do not have one. If you choose to purchase your own, you should be checking to make sure the top of the stick comes to your child’s hipbone. They will also need mouth guards, shin guards and goggles. If you will be using one of the school’s sticks, please indicate below.

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Registration Form

Child's Name: _____ Entering Grade: _____
Email: _____

Parent/Guardian
Name(s): _____ Phone: _____

Address: _____ Cell: _____

I **DO** need to use a school-issued stick _____

I **DO NOT** need to use a school-issued stick _____

Grades K-8 - \$50.00 per player

Make checks **payable to Windham Field Hockey**

The undersigned hereby expressly release and hold the Town of Windham and its agent and employees from any and all claim suits, actions and damages arising out of, connected with or resulting from participation in Windham Summer Field Hockey. Further, I understand that there are inherent risks and dangers in field hockey, and I accept the responsibility to provide accident insurance for my child. My child can participate in athletics, and I know of no current health risk that would limit her participation in this program. I give permission for the adult staff involved in the field hockey program to sign for medical assistance for my child should I be unable to be reached at the number provided on this form, including ambulance transportation if necessary.

Signed: _____ Date: _____

****required****

Insurance Company: _____

Policy Number: _____

Known relevant medical conditions or allergies:
