

YMCA Outdoor Field Hockey Program 2011 Season



ALL NEW PROGRAM!!!! The program will be kick started with a coaches and players skills and drills clinic held at the YMCA on Saturday August 20th. Players and coaches from all over the county will meet that day at the YMCA. Every program participant will need to report at the YMCA from 10:00am-12:00noon. ***You do not have to be registered to attend the clinic. You may register the day of the clinic or the following week at your local practices.***

All Local practices will begin at your local site the week of August 30th and continue into October with instructional time during the week and play days on the following Sundays at the YMCA complex. **9/11 9/25 10/9 10/23**
Call the YMCA at (410)398-2333 ext. 19 for more information.

ALL NEW PROGRAM

**Improved instruction!
Improved play dates!**

We made changes to the program format as well as provided an instructional clinic for the coaches/players. REGISTER NOW!!!

*** This year all High School players are now required to wear goggles....we recommend our players to start wearing them as well.

Practice Schedule as Follows:

North East Elementary	Tues. & Thurs. 3:45-5:15pm
Cherry Hill Middle	Tues. & Thurs. 3:00-5:00pm
Perryville Elementary	Saturday Morn. 8:30-10:30am
Chesapeake City Elementary	Will be moved to the Bo Manor site
Bo Manor High/Middle	Saturday Morn. 10:00am-Noon
Possible sites : Elk Neck—Rising Sun—Calvert Elementary Schools.....TBA	

**Participants:
2nd thru 8th grade
Mouth and Shin Guards required!**
**** See New Md. State High School Rule

FEE: \$50.00
YMCA will provide sticks. Every child will receive a T-shirt.

Please fill out and return registration form below the dotted line

Fall Outdoor Field Hockey

Name: _____ Grade: _____

Address: _____ City _____ Zip _____

Phone: (H) _____ Cell _____ Email _____

Skill level of participant Beg/intermediate _____ Advamced _____ Years of Experience _____

The site you intend to play for: _____

Special Instructions/Medical conditions: _____

Shirt Size Youth Large _____ Adult Small _____ A Med _____ ALg _____ AXL _____ Other _____

Statement by Parent/Guardian:

I do hereby allow my Child or Ward to participate in any practice, game or function sanctioned by the YMCA of Cecil County. I accept full responsibility for any and all liability and release the YMCA of Cecil County, it's Staff and/or Coaches from any financial liability due to injury or otherwise. I agree to accept the team to which my Child or Ward is assigned. I hereby give my permission for any and all medical attention necessary to be administered to my Child or Ward in the event of accident, sickness or other circumstances, until such time as I can be contacted. I also hereby assume responsibility for payment of any such treatment.

Parent Signature: _____ Please Print: _____ Date: _____