

BROOKE POINT Field Hockey Camp

**June
1-3**

 **BPHS**
FIELD HOCKEY

**8:30-11:30 AM
@BPHS STADIUM**

**COLLEGE PLAYERS
& GOALIE COACHES**

SUMMER CAMP

6TH-12TH GRADE

*Email Coach Nicki at
andersonnt@
staffordschools.net*

Just \$45
PER CAMPER

**REGISTER
BY 5/23**

Contact Coach Nicki with questions -- andersonnt@staffordschools.net

What to bring: field hockey stick, mouth guard, shin guards, cleats/ turf shoes & a full water bottle.

Registration & waiver form is attached and must be completed and signed!

Referred by: _____

Field Hockey Camp Waiver/ Registration

I would like to register my daughter for the Brooke Point High School Field Hockey Camp to be held on June 1-3, 2022. All correct information is provided below.

*Mail check, payable to "Brooke Point High School" in the memo "Field Hockey Camp", and one registration per athlete to:

Nichole Anderson: Brooke Point High School, 1700 Courthouse Rd., Stafford, VA. 22554

**may also pay at the door*

Athlete's Name: _____ Age: _____

Home Phone # _____ Parent Cell Phone # _____

Address: _____

E-Mail Address: _____

Emergency contact: _____ Phone: _____

Athlete Experience: __ Beginner __ Intermediate __ Advanced

Release of liability/parental consent form:

In consideration of my application being accepted, I, intending to be legally bound, for myself, my executors and administrator, waive and release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against Nichole Anderson or Stafford County School Board members or all Stafford County employees and administrators or its respective officers, agents, representatives successors, and/or assigns, camp staff for any or all damages which may be sustained or suffered by me or my child in connection with my association with or participation in and/ or rising out of my travel to or returning from Stafford County High School Field Hockey Clinic to be participated in on the campus of Stafford County. I, the parent or guardian, do hereby agree to the above waiver and release.

Parent Signature

Athlete Signature

Home Phone: _____ Work Phone: _____

Emergency Phone: _____

Medical Consent Form

Camper's Name: _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations, and immunizations for the above-named camper. In the event of serious illness, the need for major surgery, or significant accidental surgery, I understand that an attempt will be made to contact me in the most expeditious way possible. If the attending physician is not able to communicate with me, my signature authorizes the treatment necessary for the best interest of my child as judged by the attending physician. In the event that an emergency arises during a camp session, an effort will be made to contact the parents or guardian as soon as possible. Permission is also granted to the clinic staff and/or rescue squad to provide the needed emergency treatment to the athlete prior to their admission to the medical facilities.

Name of family physician: _____

Parent Signature: _____