



Louisa County Parks and Recreation
Girls Field Hockey Camp



June 14-17
Rising 6th Graders and Up
cost \$40

This camp will introduce the basic fundamentals in the exciting sport of field hockey. We also hope that interest will grow and additional field hockey programs can be offered.

Registration Deadline is May 21.

Participants need to bring shin guards, mouth guard, a field hockey stick, sun screen and a water bottle.

Coach Wright has a LIMITED number of shin guards for sale \$5 if needed, but of course it is first come first served.

The camp will be held at the Louisa County Middle School baseball field.
 9:00am - 12:00pm

Instructors: Barrett Wright ~Meredith Marconi
LCHS Field Hockey Coaches

Proceeds go to the LCHS Field Hockey Team

For More information
call 540-967-4420
or visit our website www.LCPR.info



PARTICIPANT REGISTRATION FORM



Mail this form to:

LOUISA COUNTY PARKS & RECREATION
P.O. Box 864/Louisa, VA 23093 (540) 967-4420

MAILING ADDRESS _____ Home Phone _____
 CITY _____ ZIP _____ Work Phone _____
 Email Address: _____ School Attends _____

Participant Name		Male/ Female	Birthdate MM/DD/YY	Grade	T-Shirt Size	Program Name/Location	Start Date	Fee
First	Last							
					Youth S M L Adult S M L X	Field Hockey Camp	6/14/10	
					Youth S M L Adult S M L X			

The Louisa County Department of Parks and Recreation does not provide medical coverage or insurance for individual participants. All medical insurance protection must be provided by the parents or participant. In the event of an emergency, I hereby give my consent for the program supervisor of the Parks and Recreation Department to arrange for medical treatment or Emergency Room treatment by a physician on staff. I also hereby give my consent and approval for my son/daughter/myself to participate in this activity sponsored by the Louisa County Department of Parks and Recreation. I will not hold Department Personnel, Instructors, School Personnel or Volunteers responsible in case of accident or injury as a result of my/my child's participation in this program. I understand the risks involved with this activity and know that my child is/I am physically able to participate in this program.

 Signature Parent/Guardian/Participant

 Print Name - Parent/Guardian/Participant

 Date