

FORKS FALCONS



FIELD HOCKEY

**FREE CLINIC MAY 1st
@ EAHS 1:00-2:30pm**

For more information:

falconsfieldhockey@gmail.com

610-438-2486

**Join our Facebook by searching:
Falcons Field Hockey**

**SEASON REGISTRATION:
Begins May 1, 2011**

**Registration form is available @
www.forkssports.org**

FORKS FALCONS FALL 2011

The FTAA is offering a Field Hockey program for girls in grades 2nd through 6th in the EASD. The goal is to provide an enjoyable learning experience for all the participants. Our emphasis is to teach the basics of the game, the importance of sportsmanship and team work. All children will have the opportunity to play and experience all positions.

TEAM DIVISIONS:

Grades: 2nd-4th
Grades: 5th & 6th

Warren County, NJ Junior Field Hockey League

- Allamuchy Twp • Franklin Twp • Greenwich Twp • Independence Twp • Lebanon Twp • Mansfield Twp • Reddington Twp • Union Twp • Washington Twp • Washington Boro • Belvidere • Forks Twp

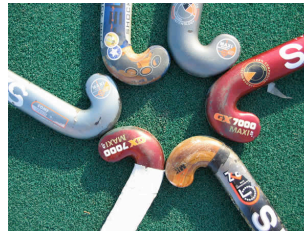
IMPORTANT DATES

- FREE Forks FH Clinic: May 1st @ EAHS 1-2:30PM
- Varsity E Field Hockey Camp: June 27-June 30
- FH Season Starts: Week of August 15th
- FH Play Day August 27 @ Brass Castle Elementary, Washington Twp, NJ.

EQUIPMENT

FTAA Provided:
Sticks (available for loan to first 30 girls)
Uniform top & kilt

Players Will Provide:
Stick
Shin guards
Mouthguard
Cleats



FH CLINIC REGISTRATION & PARENTAL CONSENT FORM (bring this form to the clinic)

Name: _____

Age: _____ Grade: _____ (entering August 2011)

School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Emergency Contact Phone #

I give my consent and approval for the above named student to participate in:

**FREE Field Hockey Clinic 1:00-2:30pm 5/01/11
@ EAHS (a limited # of sticks available)**

I also give my consent and approval for the above named student to be treated and cared for by the emergency rooms of a local hospital.

I understand that the Forks Township Athletic Association and the EASD are not responsible for any injuries incurred while participating in any clinics, practices or games.

Signature and Date of Parent/Guardian

INSURANCE INFORMATION:

Do you have (circle one):

**Blue Cross? YES/NO Blue Shield? YES/NO
If YES, Subscriber's Name**

Group No. _____ Agreement No. _____

Other Insurance (please name):