



Summer 2022

# Field Hockey Summer Camp

## PROGRAM INFORMATION

**Monday-Wednesday**

**June 27-29**

**9:00 a.m. - 1:00 p.m.**

**Grades: 3-8 & anyone entering 9th**

**Cost: \$90/person**

**Deadline is 6/24**

**Northern Worcester  
Athletic Complex**  
9906 Buckingham Lane, Berlin MD 21811

## HOW TO REGISTER

In person, mail or online at  
[www.PlayMarylandsCoast.org](http://www.PlayMarylandsCoast.org)

All payments must be received prior to participation  
Make checks payable to: Worcester County

A great way to learn the sport of field hockey or sharpen your skills. All skill levels welcome. Sticks are available but campers are encouraged to bring their own. Shinguards and mouthguards are required.

Please bring a water bottle, lunch, sneakers or cleats.

Camp Instructor, Katie Griffin and other current & former college players

*Katie lives in Berlin with her family and is currently the head field hockey coach at Stephen Decatur High School. After playing collegiate field hockey and softball at Rider University, she coached at Delmar High School for 5 years and then spent the last 18 years serving as a local field hockey official and coaching local youth. In addition to coaching field hockey, Katie also coaches youth softball and basketball.*

MARYLAND'S  
**Coast**  
WORCESTER COUNTY  
Recreation & Parks



For more information contact Kelly Buchanan at  
(410) 632-2144 x2503 or [kbuchanan@marylandscoast.org](mailto:kbuchanan@marylandscoast.org)

# Youth Registration Form

Please use a separate registration form for each participant under 18.

Worcester County Field Hockey Camp 2022

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Circle T-Shirt Size:    YS (6-8)    YM (10-12)    YL (14-16)    AS    AM    AL    AXL    AXXL

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime/Cell: \_\_\_\_\_

Do you wish to be a volunteer : \_\_\_\_\_ E-mail: \_\_\_\_\_

Please check here if you would like to receive email announcements on future programs from Worcester County Recreation & Parks.

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Waiver: I, for myself and on behalf of my child, release the County Commissioners of Worcester County and its agents ("Indemnittees") from all liability for any damages arising from my child's participation in this program. I agree to indemnify the Indemnittees against all claims, including court costs and attorney's fees, arising from that participation. I understand the risks involved in this program.

Acknowledgment of Medical Treatment: I authorize medical treatment, at my expense, for my child in the event of an injury or illness during the program. I acknowledge that the County provides no insurance protecting my child. Travel Permission: My child has permission to travel with a coach or adult volunteer to away games as part of the Worcester County Recreation & Parks Department's Youth Program. Acknowledgement of Ability: My child is physically able and has sufficient training for participation in this program. (Worcester County is committed to providing reasonable accommodations to all participants. If your child has special needs, please notify the Department of Recreation & Parks at 410.632.2144. We cannot guarantee that your request will be met unless we are notified in advance.)

Photo Release: If pictures are taken during the program, I authorize the use of these photos for publicity purposes. Acknowledgement of Concussion Training: I have received the Fact Sheet for Athletes and the Concussion Training for Parents Information Sheets covering the signs, symptoms, and risks of sports-related concussions. I promise to go over this information with my child. I promise to report my child's symptoms to coaches and staff members. I understand that my child must not have any concussion symptoms before returning to play and it is my responsibility to follow up with a health care provider. I understand the possible consequences of my child returning to practice or play too soon.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash, Check or CC# \_\_\_\_\_ Initials: \_\_\_\_\_ Receipt # \_\_\_\_\_ CAF \_\_\_\_\_