

# 2009 JUNIOR SUMMER FIELD HOCKEY CAMP



*Sponsored by:*

WEST MILFORD COMMUNITY SERVICES & RECREATION

**DATE:** AUGUST 3 - 7  
**TIME:** 9:00 AM - 3:00 PM  
**GRADES:** GIRLS ENTERING GRADES 4 – 9 (AS OF SEPT. 2009)  
**COST:** \$140.00 (\$10.00 ADDITIONAL FOR NON-RESIDENTS)  
**PLACE:** KILGALLEN FIELD - NEAR WESTBROOK ELEMENTARY SCHOOL  
(IN THE WESTBROOK GYM IN THE EVENT OF INCLEMENT WEATHER)  
**DIRECTOR:** JILL WHITE-CULLEN, WMHS VARSITY FIELD HOCKEY COACH

**Daily Schedule:**

9:00 – 9:15 Attendance & Camp Announcements  
9:15 – 9:45 Warm-Up  
9:45 – 10:45 Skill Session #1  
11:00–12:00 Skill Session #2  
12:00– 1:00 Lunch (Campers must bring a bag lunch)  
1:00 – 1:15 Attendance & Camp Announcements  
1:15 – 2:45 Scrimmages & Fun Contests  
2:45 – 3:00 Cool - Down

**Fundamental Skills & Instruction**  
**Contests & Prizes**  
**Enthusiastic & Experienced Staff**

**\*\*\*PARTICIPANT EQUIPMENT\*\*\***

CAMPERS MUST BRING A STICK, BALL, MOUTHGUARD, SHINGUARDS,  
A WATER BOTTLE AND A BAGGED LUNCH TO CAMP EACH DAY. SUNSCREEN SUGGESTED.

PLEASE CONTACT COACH JILL WHITE-CULLEN at [wmfieldhockey@yahoo.com](mailto:wmfieldhockey@yahoo.com)  
WITH ANY EQUIPMENT QUESTIONS

**PRE-REGISTRATION IS REQUIRED.** MAKE CHECKS FOR CAMP PAYABLE TO:  
WEST MILFORD COMMUNITY SERVICES & RECREATION, 1810 MACOPIN ROAD, WEST MILFORD, NJ 07480

**2009 Junior Field Hockey Camp (FHC: 872)**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ ENTERING GRADE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE NUMBER WHERE PARENTS CAN BE REACHED DURING CAMP \_\_\_\_\_

PARENT'S NAME (Please print): \_\_\_\_\_

My signature below verifies that my child/participant can participate in this class. I understand photos may be taken for publicity purposes and that Recreation reserves the right to revoke the enrollment of a participant if his/her behavior negatively affects the quality of the class for the other participants. There will be no refunds once the class has begun. The Department reserves the right to cancel any class. In the event that I cannot be reached, I give the Recreation Dept. permission to seek medical assistance for my child should it become necessary. As in any activity, there are inherent risks, and injuries that may occur. I hereby release and discharge the Township of West Milford, its agents, employees, appointed officials, volunteers, commissions, or associations from any and all actions for losses, damages, or personal injuries to myself or my child which may occur or arise out of my or my child's participation in the above activity.

PARENT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

FOR OFFICE USE ONLY: RECEIPT #: \_\_\_\_\_ DATE: \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_

CUSTOMER # \_\_\_\_\_ PARTICIPANT # \_\_\_\_\_