

10th Annual Field Hockey Summer League

Sponsored by FCA

Where: Urbana High School's Stadium Turf Field

Who: High School/College/Alumni Field Hockey Teams (Full Field Format 11v.11)

When: Mondays & Wednesdays from 4-9 pm

(Teams will play one game on each of the days listed below. One game consists of 4-12 min. quarters)

Week 1- June 21 & 23

Week 2 – June 28 & 30

Week 3- July 5 & 7

Week 4- July 12 & July 14

Week 5- July 19 & 21

*Rain dates will be implemented as needed

Cost: **\$125.00 per Player** before June 1st / \$150.00 per Player after June 1st

(Checks payable to **FCA**) no refunds

*Players should give cash/checks to their coaches to turn in as a team along with this registration form.

Alumni- Please return your registration form along with your cash/check to:

Coch Stuart @ Urbana High School

3471 Campus Drive Ijamsville, MD 21754

Contact: AJ Stuart -andrea.stuart@fcps.org/ 240 367-4117

FCA Summer League Field Hockey Registration Form:

Players Name: _____

(Unisex) Reversible Jersey Size: S/ M or L/XL or XXL/XXXL (circle one)

High School/College/Club or Alumni Team: _____

(Write in your team's mascot if you are in high school, otherwise write college, club or alumni)

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Phone: _____

Player/Parent Email Addresses: _____

(This will be our contact method, write neatly please)

Player Health Concerns: _____

(Medications, pre-existing conditions, allergies)

By signing below, I grant permission for my child to participate in the Field Hockey Summer league sponsored by FCA. My child has no known medical conditions that would prevent her from participating in this league. "These materials are neither sponsored by nor endorsed by the Board of Education of Frederick County, the Superintendent or any school." I release, Urbana High School, FCPS, FCA, and its officers, coaches, staff from any legal responsibility in the event of an accident, injury or death involving my child while participating in this event. It is further understood that there is a \$25 returned check fee.

Parent/Guardian Signature

Printed Name of Parent/ Guardian