

STICK TO STICK FIELD HOCKEY CAMP

Extended Day at Denison University

June 18-20, 2021

PLEASE PRINT INFORMATION BELOW OR ENROLL ONLINE AT
WWW.STICKTOSTICKFIELDHOCKEY.COM

Name

Camper E-Mail

Cell Phone

Address

City

State

Zip

Parent or Guardian

Cell Phone

E-Mail (will be used to send confirmation and additional details)

School

Date of Birth

Grade in Sept

Position

Years of FH Experience

Level(Beginner/MS/JV/Varsity)

T-Shirt Size (circle) Small Medium Large XL

Session Information

COST \$425

June 11 2:00-4:30 p.m. & 6:30-8:30 p.m.
June 12 9:00 a.m.-12:00, 2:00-4:30 p.m. & 6:30-8:30 p.m.
June 13 9:00 a.m.- 12:00 p.m.

***Dinner will be the first meal at camp. Lunch and dinner will be provided on the second day. Please be sure to indicate any food allergies/dietary restrictions/preferences**

Campers will required to follow Covid safety protocols including but not limited to mask wearing and daily temperature checks. We ask that parents monitor their child prior to arrival each day as well to ensure they are not symptomatic

In order to hold a camper's spot a \$200 Deposit must be received

**Make checks payable and mail to
STICK TO STICK FIELD HOCKEY
1842 Elmwood Ave.
Columbus, OH 43212**

HEALTH INFORMATION

Insurance Information

Name of Medical Insurance Company

Policy Number

Insurance Policy Holder

Group Number

In case of emergency please contact

Emergency Contact

Emergency Cell Phone

Medical Information

List any Allergies (including bees)

List any Medications

List any Dietary Restrictions

Any Medical Conditions that camp personnel should be aware of

Do you have Asthma that requires the use of an inhaler? Y N

Have you had any of the following illness (please circle):

Covid-19 Measles Mumps Rubella

Chickenpox Rheumatic Fever Polio

Immunization Dates

Tetanus _____ Influenza _____ Pneumonia _____

Hepatitis _____ Chickenpox _____ MMR _____

As a parent or legal guardian of the participant named above, authorizes Stick to Stick to seek medical care and/or surgical treatment which is reasonable necessary to care for the patient. I further authorize the medical facility that treats the participant to release all information needed to complete insurance claims. I acknowledge my responsibility to pay all cost associated with the participant's medical care and authorize all insurance payments, if any to be made directly to the medical staff.

Signature (Parent or Guardian)

Date

