

CHICO SUMMER HOCKEY CAMP

Summer Hockey Camp is a great way for future, present, and past players to condition, learn new skills, practice game play, and have fun in the sun!

Where: Chico High School- Panther Stadium
When: **First Session:** June 24th- June 28th
Second Session: July 15th- 19th
Time: Monday- Thursday 8:00- 10:00 a.m.; Friday 8:00- 9:30 a.m. (Game Play)
Cost: \$50 per player for one session
\$80 per player for both sessions
includes a camp T-Shirt!
Ages: 4th grade- High School Graduates

** What to bring **

Players should bring a mouth guard, shin guards, running shoes, and water.
Field hockey sticks will be available to use for new players!
Equipment will be available for purchase at the end of each session

Registration Information

Camper Name: _____
Address: _____
Phone (H): _____
Cell: _____
Grade: 2019-20: _____
Email: _____
T-Shirt size: _____

Session 1 Session 2 Both Sessions

Early Bird bonus!

Campers who send in registration by June 10th will receive:
👑 Camp T-Shirt on the First Day
👑 Bonus Field Hockey "Swag"

(Campers who turn in forms on the first day will receive a T-Shirt at the end of the session.)

Please send Registration Information, Release Waiver, and Payment to:

Chico Summer Hockey Camp
C/O Kim Keyawa-Musselman
19 Skymountain Circle
Chico, CA 95928

Checks:

Payable to "CHS ASB" with "Field Hockey" as the Memo, please!

**VOLUNTARY ACTIVITIES PARTICIPATION FORM
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

CHICO UNIFIED SCHOOL DISTRICT

Name of Participant	
Description of Camp/Activity	
Date(s)	
Medical Insurance Carrier and Policy Number	
Emergency Contact Name & Phone Numbers	

I authorize the above participant to participate in the described activities shown. I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that participation in these activities is completely voluntary.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge, and agree that the CHICO UNIFIED SCHOOL DISTRICT, its elected or appointed officials, employees, agents, and volunteers shall not be liable for any injury/illness suffered by the participant which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused, in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

Parent/Guardian Signature if Participant **under** 18 years old Date

Student/Adult Signature if Participant **over** 18 years old Date

Note: A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the CHICO UNIFIED SCHOOL DISTRICT before participating in the above camp/activity.