

The ESM Field Hockey Camp offers high school, middle school and beginning level players a wide variety of training and instruction. A coaching staff of ESM Varsity Coaches, Alumni, and Varsity Players will help enhance stickwork, passing, offensive/defensive techniques and goalkeeper training.

Come and be a part of the ESM Field Hockey Program this summer for a fun and educational camp experience!

DATE: WEDNESDAY July 17th through FRIDAY July 19th

TIME: 8:00AM - 10:00AM

PLACE: Eastport South Manor Jr. Sr. High School COST: \$100 by July 15th GRADES: K-11

Campers will receive a T-shirt

Please bring stick, shin guards, mouthguard, cleats, sneakers & water bottle *Youth field hockey sticks will be available for new players (grades K-6)

Questions: Contact Varsity Coach Naughton at annienaught@gmail.com

Checks made out to ESM Athletic Booster Club

Please send registration slip and payment to:

ESM Athletic Booster Club PO Box 655 Manorville, NY 11949

2024 ESM FIELD HOCKEY CAMP

Name:	
Email:	Grade Fall 2024:
Parent Name:	Phone:
Emergency Contact:	Phone:
Allergies:	
T-Shirt Size: YS YM YL	AS AM AL AXL
Do you need a field hockey stick? Yes	No

I, the undersigned parent or guardian of the child or children listed understand that all athletic and recreational programs and activities involve some risk of accident or injury. I will not hold the Eastport South Manor Booster Club aka ESM Athletic Booster Club, its Board of Directors. Officers, and/or members liable for claims, demands and/or judgments arising at any time from my child's participation in any sport event organized or sponsored by the ESM Athletic Booster Club. I acknowledge and agree that it is solely at my own risk and choice to allow my child(ren) listed to participate in any event and/or to use any equipment provided. I certify that my child(ren) is/are in adequate physical condition to participate in physical activities. I understand that the ESM Athletic Booster Club assumes no responsibility for accidents or injuries, or any costs related to their treatment. I recognize that such medical treatment shall be my full responsibility. In the event of a more serious injury that may require emergency treatment. I authorize such personnel to see that myself and for my child is transported to and treated at the neatest medical facility, with all related expenses being my full responsibility.

Parent/Legal Guardian Signature Date

Distribution of this flier does not constitute endorsement of an event or organization and/or agreement with the material content by the District or the Board of Education