

VILLA MARIA ACADEMY HIGH SCHOOL 2011  
FIELD HOCKEY CAMP



*Program Includes*

**Exposure to Every Phase of the Game**  
**Individualized Instruction**  
**Instructional Films and Theory**  
**Valuable Guest Speakers**  
**Daily Contests and Games**  
**Weekly Player Awards**  
**Free Camp T-Shirt**

*Staff*

**Our staff is comprised of respected collegiate and high school coaches as well as top U.S. and college players.**

*Equipment Needed*

**Mouth Guards & Shin Guards (Mandatory)**  
**Sneakers for indoor sessions**

*Camp Store*

**Mouth Guards**  
**T-Shirts**  
**Shorts**

*General Information - Register Early and Save!!*

**Dates: June 27-30, 2011**

**Time: 8:00 a.m. to 12:30 p.m.**

**Grades: 3<sup>rd</sup>-12<sup>th</sup>**

**Location: Villa Maria Academy High School**

**Contact Info: Athletic Dept., 610-644-2551 x1056  
mjmckenzie@vmahs.org**

**Camp Cost: \$135 (Postmarked prior to May 1)**

**\$145 (Postmarked May 1 - June 11)**

**\$165 (Postmarked after June 11)**

**A non-refundable registration fee of \$50 will guarantee your registration in camp.**

**Any balance due will be determined by the date on which the deposit was received.**

**Make checks payable to: VMA Athletic Adventures. Send application and check to: VMA Sports Camps, 370 Old Lincoln Highway, Malvern, PA 19355**

*Don't Wait - Apply Today!*

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*VILLA MARIA 2011 FIELD HOCKEY CAMP APPLICATION*

Name \_\_\_\_\_

Medical conditions that coaches should be made aware of:

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Parent Email Address (please print legibly)  
\_\_\_\_\_

Current School \_\_\_\_\_

Age \_\_\_\_\_ Grade (2011-12 School Year) \_\_\_\_\_

School attending in the Fall of 2011  
\_\_\_\_\_

WAIVER

All Campers must have their own medical coverage. The camp provides only excess coverage after your insurance policy has been utilized. Campers will not be allowed to play unless this form is signed by the parent/guardian of the camper.

I hereby authorize the staff at Villa Maria Academy High School Field Hockey Camp to act for me to their best judgment in any emergency requiring medical attention and I hereby waive and release the Camp from any and all liability for any injuries or illness incurred while at camp.

T-Shirt Size (adult sizes): YL/XS S M L XL

\_\_\_\_\_  
Parent/Guardian Signature Date

