

I give my daughter, _____, permission to participate in the Wallenpaupack Field Hockey camp that will take place on May 15-18 and May 22-25, 2017. I understand that the coaches, team members, and school district will not be responsible for any accidents or injuries.

Cash or Check payable to.... Wallenpaupack Field Hockey

\$40.00 2nd child \$25.00

Stick needed Yes No

Parent/Guardian Signature _____

Grade _____

Emergency Contact # _____

- All funds go back to the program.

Please let me know if there are any allergies/medical concerns that we would need to be aware of for the camp.

If you have any questions or concerns, please email me at:
millerma@wallenpaupack.org

Forms are due by May 8, 2017

Thank you very much,

Coach Miller

Head Field Hockey Coach

Wallenpaupack South Elementary Physical Education Teacher