

LTEC YOUTH FIELD HOCKEY REC LEAGUE

The LTEC Youth Field Hockey Rec League is open to students who will be entering 4th through 6th grades in the fall of 2014. This program was established to teach young athletes the fundamental skills, rules of the game, and basic strategies of game play prior to participating in the junior high and high school field hockey programs. Most importantly, our main objective is to provide these young athletes with a fun and non-competitive introduction to field hockey. Our season runs from early-August through mid-October.



Summer practices will be held on Tuesday and Thursday evenings, beginning on August 5th, from 5:30-7:30 PM at the LTEC field (or, when available, the Jr. High Field Hockey field at the high school). Once school starts, practices will be held at the Jr. High Field Hockey field at the high school on Sundays from 3:00-5:00 PM, and one day during the week from 5:30-7:30 PM. The weeknight practice schedule will be based on the availability of the Field Hockey field and will vary according the schedules of the LTHS Varsity and Junior Varsity Teams. Practices will continue until the season ends in mid-October.

We will play four games with the Abington Heights Rec Field Hockey program. These games will be held on Sunday evenings, typically at 4:00 PM, at the Jr. High Field Hockey field at our high school. These games are very informal and will provide the players with opportunities to use and develop the skills they learn at our practices. We will do our best to give all players equal playing time.

All players will receive a LTEC Field Hockey T-shirt and a mouthguard as part of their \$35 registration fee. If your child does not have a field hockey stick, we will provide one for use during the season. Parents are responsible for supplying shinguards for their children. Shinguards and mouthguards must be worn at all practices and games. Replacement mouthguards, as well as drinks, will be available for purchase at both practices and games for \$1.

If you cannot stay with your child during practices or games, please make sure the coaches know how to contact you, if necessary. We will not leave any player unattended. If you are running late, or if weather cuts short a practice or a game, a coach will remain with your child until you arrive.

In addition to our four parent coaches, several high school and college field hockey players have volunteered to assist us this season.

To get updates on the LTEC Rec Field Hockey program, go to the LTEC website, click the "School & Community" link on the menu, click the "+" next to Athletics, then Click on LTEC Youth Field Hockey.

To sign up for Field Hockey, please complete the following forms and either return them either to school or to the address listed on the bottom of the forms along with a check payable to "LTEC Rec Youth Field Hockey" for \$35 or **join us at our Field Hockey registration night, MONDAY JUNE 9th from 6:00-8:00 PM at the Elementary Center.** Please do not hesitate to contact one our coaches if you have any questions or concerns.

We look forward to seeing your children on the field!

Kasey Chermak 570-840-7345
Michelle Fahey 570-947-4392

Roshelle Coleman 570-499-1690
Kelly Martin 570-650-2137

LTEC YOUTH FIELD HOCKEY REC LEAGUE



PLAYER SIGN-UP INFORMATION

Player Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Alternate/Cell Phone: _____

Email: _____

Birth Date: _____ Grade as of September 2014: _____

Shirt Size: (circle one) Youth M Youth L Adult S Adult M Adult L

Does child need to borrow a stick? Y / N Registration Fee \$35 (*payable to LTEC Youth Field Hockey*)

NOTE: Parents are Responsible for Shinguards Paid: _____

PARENTAL INSURANCE AND MEDICAL INFORMATION

I **HEREBY** authorize the volunteer staff of the Lackawanna Trail Youth Field Hockey Rec. League to act for me according to their best judgments in situations requiring first aid or medical attention. I **HEREBY** waive and release the Rec. League and it's agents from any/all liability for any injury or illness to my daughter while participating. I **CERTIFY** that she is in good health and is able to participate in all activities without limitations. I **CERTIFY** that the ER Contact person will be able to be reached in any/all above situations.

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Child's Full Name: _____
Last First M.I.

Address: _____
(if different from child) Street Address Apartment/Unit #

City State ZIP Code

Emergency Phone: _____ Relationship: _____

Medical Insurance Co.: _____ Policy Number: _____

Please return completed forms along with a check payable to "LTEC Rec Youth Field Hockey" for \$35 to:

*Kelly Martin
2059 Maple Road
Dalton, PA 18414*

MEDIA CONSENT AND RELEASE FORM FOR LTEC YOUTH FIELD HOCKEY REC LEAGUE



Throughout the season, players may be highlighted in efforts to promote LTEC Youth Field Hockey activities and achievements. For example, photographs or videos of the players may be featured on the LTEC website or in the LTEC year book, newspapers, brochures or other types of media.

I, as the parent or guardian of _____, hereby give LTEC Youth Field Hockey Rec League and its representatives, volunteers, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

a. This is with the understanding that neither LTEC Youth Field Hockey Rec League nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.

b. I further release and relieve LTEC Youth Field Hockey Rec League, its volunteers, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

PLEASE PRINT

Name of Parent/Guardian

Name of Player

Address

City

State

ZIP Code

Phone Number

Signature of Parent/Guardian

Date

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