



JULY 20 - 24, 2015

FIELD PLAYERS

GOAL KEEPERS

BEGINNER - ADVANCED

AGES 7 -18



2014 CAMP: OFFICIAL PHOTOGRAPHER JEFFREY BYRNES

THE PREMIER PERFORMANCE DIFFERENCE

PREMIER PERFORMANCE FIELD HOCKEY CAMPS HAVE GROWN INTO ONE OF THE MOST SUCCESSFUL PROGRAMS BECAUSE WE IMMERSE PLAYERS IN ALL ASPECTS OF FIELD HOCKEY.

EXPERIENCED PLAYERS AND NEWCOMERS WILL TRAIN (BY ABILITY) UNDER TOP COACHES AND ENJOY THIS COMPLETE FIELD HOCKEY EXPERIENCE HELD AT THE CITY OF HOLYOKE'S MULTI-MILLION DOLLAR ARTHUR ROBERTS SPORTS COMPLEX.

WE ALSO OFFER INSIGHT INTO THE COLLEGE RECRUITING PROCESS FOR THOSE WHO HAVE ASPIRATIONS OF PLAYING FIELD HOCKEY IN COLLEGE.

GREAT COACHING

PREMIER PERFORMANCE PROVIDES YOU WITH TOP COLLEGE COACHES, ALL-AMERICANS, CLUB COACHES AND LEADERS IN THE SPORT OF FIELD HOCKEY. OUR PROFESSIONAL STAFF BRINGS A WEALTH OF KNOWLEDGE, ENERGY AND DESIRE TO HELP YOU IMPROVE YOUR GAME.



JAIME GINSBERG

CAMP FIELD HOCKEY CO-DIRECTOR AND NATIONALLY RECOGNIZED COACH

SMITH COLLEGE, HEAD COACH

USA FIELD HOCKEY, LEVEL II CERTIFIED COACH

GOLD MEDAL WINNING REGIONAL HEAD COACH FOR USA FIELD HOCKEY'S 2012 FUTURES NATIONAL CHAMPIONSHIPS.



PETE LECLERC

CAMP FIELD HOCKEY CO-DIRECTOR

CITY OF HOLYOKE, PARKS & RECREATION

USA FIELD HOCKEY, LEVEL I CERTIFIED COACH

BAY STATE GAMES, COACH



JESSICA BERGEN

WESTFIELD STATE UNIVERSITY, HEAD COACH

USA FIELD HOCKEY, LEVEL II CERTIFIED COACH

BAY STATE GAMES, COACH

WE WILL BE HIGHLIGHTING ALL OF OUR COACHES
AS WE GET CLOSER TO CAMP!

CAMP DETAILS

COST: \$185/PLAYER

FAMILY DISCOUNT: 2ND CHILD: \$165; 3RD CHILD: \$150

\$50 DEPOSIT (NON-REFUNDABLE) PER CHILD SECURES YOUR SPOT. FINAL PAYMENT DUE PRIOR TO 6/29/15. THERE IS A \$25 LATE FEE. FULL PAYMENT MAY BE MADE WHEN REGISTERING.

SPACE IS LIMITED ● SIGN UP EARLY

SEND PAYMENT (CHECKS MADE TO HOLYOKE PARKS & RECREATION) ALONG WITH COMPLETED REGISTRATION WAIVER TO:

PREMIER PERFORMANCE FIELD HOCKEY

C/O HOLYOKE PARKS & RECREATION

536 DWIGHT STREET

HOLYOKE, MA 01040

THE MEDICAL FORM CAN BE SENT PRIOR TO 6/26/15

SAMPLE DAY

8:30 - 9:00 CAMPERS ARRIVE	11:30 3 V 3 TOURNAMENT / SWIMMING
9:00 WARM UP & STRETCH	12:30 LUNCH (CAMPER PROVIDES THEIR OWN LUNCH) & MORNING REVIEW
9:30 SKILLS SESSION FIELD PLAYERS & GOAL KEEPERS WORK SEPARATELY	1:15 WARM UP, FULL GAMES & INDIVIDUAL SESSIONS
10:30 TACTICAL SESSION	3:00 CAMPERS DISMISSED (FRIDAY AT NOON)

PARENTS ARE ENCOURAGED TO STAY DURING THE DAY ON FRIDAY TO WATCH THE END OF WEEK GAMES, ENJOY A SLIDE SHOW FROM THE WEEK AND MEET THE COACHES.

PLEASE CIRCLE: FIELD PLAYER or GOAL KEEPER

2015 PROGRAM: PREMIER PERFORMANCE FIELD HOCKEY

CHILD'S NAME _____ School: _____

ADDRESS _____ CITY/STATE/ZIP: _____

GRADE IN SEPTEMBER 2015: _____ DATE OF BIRTH: _____

T-SHIRT SIZE (please circle one): YS, YM, YL/AS, AM, AL, AXL (note YL/AS are the same size)

PHONE: _____ CELL: _____

EMAIL: (required) _____

NAMES OF PARENTS/GUARDIANS: _____

ADDRESS: _____

MEDICAL INFORMATION

EMERGENCY CONTACT PERSON: _____

PHONE: _____ CELL: _____

IF YOUR CHILD HAS SPECIFIC MEDICAL ISSUES, PLEASE PROVIDE A DESCRIPTION OF THE ISSUE ON A SEPARATE DOCUMENT. THE CITY RESERVES THE RIGHT TO REQUEST A REPORT FROM YOUR DOCTOR. SHOULD A REPORT BE NECESSARY, YOU WILL BE REQUESTED TO PROVIDE A RELEASE OF MEDICAL INFORMATION.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

BY MY SIGNATURE BELOW, I GIVE MY CONSENT FOR EMERGENCY MEDICAL CARE BY A DULY LICENSED PHYSICIAN OR DENTIST.

IT IS UNDERSTOOD THAT I WILL BE CONTACTED AS SOON AS POSSIBLE AFTER AN INCIDENT.

PHOTO RELEASE

BY MY SIGNATURE BELOW, I GRANT PERMISSION TO THE HOLYOKE PARKS AND RECREATION DEPARTMENT TO USE PHOTOGRAPHS TAKEN OF MY CHILD PARTICIPATING IN THIS PROGRAM FOR PRESS RELEASES, ADVERTISING, OR ANY OTHER MEDIA OUTLET.

LIABILITY WAIVER

BY MY SIGNATURE BELOW, I AGREE THAT I AND MY CHILD WILL ABIDE BY THE RULES OF THE PROGRAM. RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH YOUTH SPORTS, I HEREBY RELEASE, DISCHARGE, OR OTHERWISE INDEMNIFY THE CITY OF HOLYOKE AND THE SPORTS LEAGUE OR THEIR AGENTS AND ASSIGNS AGAINST ANY CLAIM ON BEHALF OF MY CHILD AS A RESULT OF MY CHILD'S PARTICIPATION IN THE ACTIVITIES AND/OR BEING TRANSPORTED TO OR FROM THE ACTIVITIES, WHICH TRANSPORTATION I AUTHORIZE, AND/OR BEING RELEASED AT THE END OF THE DAY ON HIS OR HER OWN.

BY MY INITIALS AT THE END OF THIS PARAGRAPH, I AGREE THAT MY CHILD CAN BE RELEASED, ON HIS OR HER OWN, AT THE END OF THE DAY, OR AT THE END OF THE ACTIVITIES.

SIGNATURE OF PARENT OR GUARDIAN

DATE

Holyoke Parks & Recreation
Camp/Program Medical Form

Child's Name: _____

Address: _____

Date of Birth: _____

Date of most recent complete physical exam: _____ Hgt: _____ Wgt: _____

Significant Findings:

Significant illness or injuries since last report:

General estimate of health:

Medication or treatment orders to be carried out at camp/program:

Restrictions on camp/program participation or recommended modifications to program:

Other comments (use additional space if needed):

Signature, Examining Physician/Practitioner _____ (Date)

Name & Phone (Please print): _____ Phone: _____



CONTACT INFORMATION:

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