

2016 - JUNIOR STARS

INDOOR FIELD HOCKEY SESSION

HARRIS CAMPS



Elementary Indoor Field Hockey (1st -5th grade)

TIME: 9:00 – 10:30am

Spring Session: Saturdays: March 5, 12, 19, 26 / April 2, 9 (snow make-up date April 16)

Location – Apex Athletic Institute – 3030 Unionville Pike, Suite 120, Hatfield, Pa. 19440

Middle School Indoor Field Hockey (6th/7th/8TH grade):

TIME: 10:30am-12:00pm

Spring Session: Saturdays: March 5, 12, 19, 26 / April 2, 9 (snow make-up date April 16)

Location – Apex Athletic Institute – 3030 Unionville Pike, Suite 120, Hatfield, Pa. 19440

F.Y.I

- 1.) Fee: \$85 per session (spring)
- 2.) Deadline: February 27, 2016 (\$10 late fee after 2/27)
- 3.) All players must have field hockey stick (can borrow if needed), mouthguard, shinguards, sneakers, and water bottle.
- 4.) Please make checks payable to: Souderton Strikers
- 5.) Send applications to: Michelle Waldspurger 55 Diamond Street, Hatfield, Pa. 19440
- 6.) Questions? Michelle 215-593-5011 (text) or MLMWfieldhockey@gmail.com
- 7.) Sessions will include stickwork, drills, along with indoor game play.
- 8.) We will be using the turf gym and indoor hard floor gym.

Girls will be divided by age and experience as much as possible for game

Space will be limited...register early!!!

We are non-profit organization. Website - www.soudertonstrikers.com

Confirmation/Information along with snow cancellations will be sent by email

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REGISTRATION – DETACH AND COMPLETE (KEEP TOP SECTION)

NAME_____ **SCHOOL**_____

ADDRESS_____ **GRADE**____ **Position**_____

Emergency Contact #()_____

EMAIL_____ **Age Group:** (Elem)____ (Middle School)_____

INSURANCE WAIVER:_____ **Session:** Spring_____

INSURANCE COVERAGE IS NOT INCLUDED IN THE INDOOR FIELD HOCKEY SESSIONS STATED ABOVE. WE ASK THAT A PARENT OR GUARDIAN NOT HOLD SOUDERTON STRIKERS, CHRISTOPHER DOCK, APEX ATHLETIC INSTITUTE, OR ANYONE INVOLVED IN THE THIS PROGRAM LIABLE FOR ANY INJURY EXPERIENCED DURING THESE SESSIONS.

A SIGNATURE IS REQUIRED TO INDICATE AGREEMENT WITH THIS WAIVER.

SIGNATURE(PARENT/GUARDIAN)_____ **DATE**_____