

# WKHS Field Hockey TEAM CAMP 2022!

**When:** July 18<sup>th</sup>-21<sup>st</sup>, 9am to 12pm

**Where:** Worthington Kilbourne HS Stadium Turf

**Cost:** \$95 Payable to WKHS Field Hockey Boosters

**Staff:** WKHS Coaches and college players

**Players bring:** shin guards, mouth guards, sticks, protective goggles & water

**Who:** Open to any and all incoming and HS players

Basic skills, full game tactics  
and small group games will  
be covered at camp.

“Just play, have fun and  
enjoy the game” -

Michael Jordan

Player Name: \_\_\_\_\_ Grade (fall 2022): \_\_\_\_\_

Parent Names: \_\_\_\_\_

Parent Emails: \_\_\_\_\_

Parent Phone #s: \_\_\_\_\_

**REGISTRATION DUE BY: July 8, 2022**

Return Registration Form and Payment to:

Coach Alexandra Street, 9447 Wilbrook Dr Powell, OH 43065

Questions: [astreet813@gmail.com](mailto:astreet813@gmail.com) or cell: 614-565-6967

## **WKHS 2022 Team Camp**

### **Parental/Guardian Consent and Waiver**

I hereby give my consent for my daughter

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to attend the 2022 WKHS Team Camp 7/18/22 – 7/21/22. I hereby release and discharge Alexandra Street, Worthington City Schools, Worthington Kilbourne High School, the facilities at the Worthington Kilbourne High School turf field, any coach, and all employees of any injuries or illnesses which may result because of participation in the team camp. By signing this form, you, on behalf of yourself and your daughter or any other persons for whom you are legal guardian, confirm: (1) That you understand the statements contained on this form; and (2) That you release Alexandra Street, any employees or volunteers of the camp, and Worthington City Schools for any claims, liability, injury or damages occurring during this team camp.

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Parent or Guardian

Date

**[\(COMPLETE MEDICAL AUTHORIZATION ON NEXT PAGE!\)](#)**

# **2022 WKHS TEAM CAMP**

## **EMERGENCY MEDICAL AUTHORIZATION PART 1 OR 2 MUST BE COMPLETED**

***Please PRINT***

Player's Name: \_\_\_\_\_

### **PART 1 (TO GRANT CONSENT)**

In the event reasonable attempts to contact me at \_\_\_\_\_ or at \_\_\_\_\_ have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary

by Dr. \_\_\_\_\_ at \_\_\_\_\_ or  
(preferred physician)

by Dr. \_\_\_\_\_ at \_\_\_\_\_ or  
(preferred dentist)

in the event the designated preferred practitioner is not available, by another licensed physician or dentist and (2) transfer of my child to

\_\_\_\_\_ or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in necessity for such surgery, are obtained before surgery is performed.

Signature of Parent/Legal Guardian

Date:

\_\_\_\_\_

Known Allergies: Current Medications:

\_\_\_\_\_

Health Concerns (Diabetes, Asthma, Bee Stings, Etc.)

\_\_\_\_\_

Physical Impairments: \_\_\_\_\_

Date of Last Tetanus Booster: \_\_\_\_\_

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**PART 2 (REFUSAL TO CONSENT) DO NOT COMPLETE PART 2 IF YOU COMPLETED PART 1:** I do not give my consent for emergency medical treatment of my child, in the event of illness or injury requiring emergency treatment, I wish the school authorities to TAKE NO ACTION OR TO: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian & Date \_\_\_\_\_