

2019 Lakers Field Hockey 4-Day Summer Camp



Grades 6 – 9 (in fall 2019):

Dates: Tuesday – Friday (July 23 – July 26)

Time: 9:00 a.m. to 12:00 p.m. (Kids Café is available in p.m.)

Total Fee: \$90 (\$10 non-refundable registration fee plus \$80 for 4-day camp fee)

Program Leader: Ally Czapiga

Drop off and pick up location: Red barn behind (ARHS)

Rain location: High school gym

Equipment needed: Shin guards and mouth guards (eye goggles recommended)

Field hockey sticks and balls will be provided. If you have your own field hockey stick, please bring it to camp. **Shin guards and mouth guards are required and eye goggles are recommended.** To participate in the field hockey games, they must be worn. Also, please wear sneakers, apply sunscreen, bring a water bottle and nut-free snacks. All campers will receive a camp T-shirt, water refills, and freeze pops.

To receive a camp T-shirt, the \$10 non-refundable registration fee and registration form must be submitted by Wednesday, July 10, 2019. Balance must be paid July 17, 2019.

Any questions, contact Diane Czapiga, Campus Programs Director, at (508) 923-2000, Extension 1719 or dczapiga@freelake.org.

Visit our district website at www.freelake.org, click on Parents & Community, Campus Programs Link for summer camp information

Comm Rec Campus Programs online payment link: [UNIPAY](#)

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Name: _____ Grade (in fall 2019): ____ Check # ____ or Online payment: _____

Address: _____ Check Amount: _____

Telephone: _____ Emergency Contact and # _____

E-Mail (print clearly): _____ Medical Conditions: _____

Returning to Kids Café at 12:00 Yes _____ / No _____

I hereby release and save harmless the towns of Freetown and Lakeville, the Freetown – Lakeville Regional School Committee and the Freetown – Lakeville Regional School District any and all liability for any injuries, loss, or other claims arising out of or resulting from or incurred during the use of school facilities and property by the person or persons identified above. I agree, by my signature, to abide by the rules of fair play and good sportsmanship policies of the Campus Programs Department.

Parent / Guardian Signature: _____ Date: _____

Checks payable to FLRSD (Freetown-Lakeville Regional School District)

Return Form & Payment to Diane Czapiga, Campus Programs Dept
Mail to: Diane Czapiga, Campus Programs Dept.
112 Howland Road, Lakeville, MA 02347

Office Use Only: \$10 registration fee paid (date): _____ Check # _____

Camp paid in full (date): _____ / Check # _____