

2018

RED LAND FIELD HOCKEY

SPRING & SUMMER CONDITIONING AND TRAINING

This spring and summer we will be training with MATT LEBO.

Training Sessions will focus on proper stretching, agility, speed training, core strengthening and plyometrics.

This is not mandatory, but will be a great way to get yourself and the team in shape ready for the 2020 season to start.

Players will need to be dressed to workout and provide their own water. If you have any medical conditions, you will need to provide any important health information to Ted so he is aware of your condition. (Ex.- Asthma, recovering from a broken bone)

SUMMER Training Sessions: PAYMENT DUE TO COACH JOHNSTON BY June 22ND

STARTING MONDAY - JUNE 22nd for 8 weeks

ENDING FRIDAY - AUGUST -14th

SUMMER Training Sessions: PAYMENT DUE TO COACH JOHNSTON BY June 22nd

When: MONDAY

WHO: EVERY ONE

TIME: 7:00 - 8:00 am

Where: RED LAND TRACK

When: TUESDAY & THURSDAY & FRIDAY

WHO: GROUP 1

TIME: 7:30 - 8:30 am

WHO: GROUP 2

TIME: 8:30 - 9:30 am

WHERE: CHAKA CROSSFIT - 32 8th Street, SUITE 11 in New Cumberland with easiest access off 11th Street

All forms with payment need to be returned to Coach Johnston by dates indicated above.

Coach Johnston is NOT receiving any monetary payments. Your payment is for Matt.

If you have any monetary concerns please contact Coach Johnston (717)-385-0844.

***NOTE: DUE to COVID - there can only be 20 athletes safely in their facility at one time**

Cost: \$160 Checks Made payable to: MATT LEBOW

2020

RED LAND FIELD HOCKEY

SUMMER CONDITIONING AND TRAINING

Name: _____ Date of Birth: _____

Grade: _____ (Fall of 2020) School Attending in the Fall: _____

Home Address: _____ Zip Code: _____

Medical Information:

Parent/Guardian: _____

Family Physician: _____

Address: _____

Family Physician Phone #: _____

Child Allergies, if any: _____

Telephone Number: _____

Medicine child is taking: _____

Name of Health Insurance Carrier: _____

Child's Past Medical History: _____

Insurance Policy/Group # _____

Insurance Phone Number: _____

Please circle yes or no to the following questions. Please explain any yes answers in the space provided.

Have you had an injury/illness within the last year?	Yes	No	_____
Have you been hospitalized within the last year?	Yes	No	_____
Have you had surgery in the last year?	Yes	No	_____
Have you suffered a head injury in the last year?	Yes	No	_____
Do you currently suffer from headaches?	Yes	No	_____
Have you suffered a concussion?	Yes	No	_____
Do you suffer from asthma?	Yes	No	_____
Are you currently using an inhaler?	Yes	No	_____
Have you ever suffered a neck injury?	Yes	No	_____
Have you ever suffered from heat illness?	Yes	No	_____
Do you currently wear glasses or contacts?	Yes	No	_____
Date of last Physical:_____		Date of last Tetanus:_____	

If in an Emergency,

Contact #1:_____ Relationship:_____ Phone #:_____

Contact #2:_____ Relationship:_____ Phone #:_____

Contact #3:_____ Relationship:_____ Phone #:_____

We/I understand, undersigned, hereby certify that I/(we) am (are) the parent or legal guardian of the above stated athlete and we/I give permission for the Summer training staff to seek out appropriate medical attention, in the event of an accident, illness, or injury for the duration of the summer workout session. We/I understand that we/I will be responsible for any medical cost(s), including emergency-treatment, surgeries, x-rays, and any necessary follow up care.

We/I undersigned, waive, release and discharge The West Shore School District, Red Land High School, Crystal M. Johnston, MATT and any assistant from any liabilities, claims, demands, and or causes, that may be sustained or caused by the above athletes attendance and participation in the 2020 Red Land Field Hockey Summer Conditioning Sessions.

ANY QUESTIONS/CONCERNS: TEXT COACH J. @ 385-0844 OR E-MAIL @ cjohnston@wssd.k12.pa.us

Camper's Name:_____

Parent/Guardian Signature:_____

Date:_____