

# COLUMBIA YOUTH FIELD HOCKEY CAMP



**Who:** Boys & girls entering grades 1st –6th for 2026/2027 school year.

**What:** 4 days of fun while playing one of the greatest sports in the world!

**When:** July 13th –16th, 9:00am – 12:30pm

**Where:** Columbia High School Turf

**Why:** To introduce the great sport of hockey (field) to our area, and for those returning to have fun improving your skills and game play while meeting new friends!

**Cost:** \$150 before June 1st, \$175 after June 1st (t-shirts and refunds are not guaranteed after June 1st).

For more information, visit [www.columbiafieldhockey.com](http://www.columbiafieldhockey.com) and/or print and return the flip side of this form to:  
c/o Columbia Youth Field Hockey,  
PO Box 215 East Greenbush, NY 12061.

# Columbia Field Hockey Youth Camp 2026

Registration and medical release form.

1. Player's First Name: \_\_\_\_\_
2. Player's Last Name: \_\_\_\_\_
3. Player's DOB: \_\_\_\_\_
4. Player's grade entering the 2026/2027 school year: \_\_\_\_\_
5. Player's preferred shirt size (if available): \_\_\_\_\_
6. Parent(s)/Guardian(s) First & Last Name(s): \_\_\_\_\_
7. Parent(s)/Guardian(s) Email(s): \_\_\_\_\_
8. Parent(s)/Guardian(s) Cell #(s): \_\_\_\_\_
9. Emergency Contact Name: \_\_\_\_\_
10. Emergency Contact Phone #: \_\_\_\_\_
11. Please list pertinent medications, allergies, or injuries we should be aware about:  
\_\_\_\_\_  
\_\_\_\_\_
12. Hospital of choice in case of an emergency, list none if no preference: \_\_\_\_\_
13. Questions/Comments: \_\_\_\_\_  
\_\_\_\_\_

14. Parent Electronic Signature to Participate:

I hereby give my permission for my child to participate in all activities in the 2026 Columbia High School Youth Field Hockey Camp. I verify that he/she is physically able to participate in all activities.

If necessary, I allow my child to be treated by a physician or athletic trainer while attending the season events. Furthermore, I authorize my child to be transported to a local hospital should she require emergency treatment.

I am fully aware that Columbia Field Hockey does not provide primary Medical insurance for its participants. I am prepared to accept responsibility for injuries or medical complications that may result from participation in the season.

Yes, I hereby give my permission for my child to participate in all activities during the 2026 Columbia Youth Field Hockey fall season.

X

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Parent/Guardian Signature