



# 2010 ANTIOCH GIRLS INDOOR HOCKEY

**Opportunity to introduce a traditional sport at an indoor venue.**

**If you play iceless hockey, this is a sport for you!**

**For Grades: 3rd to 12th**

**When: Saturday's in February and March**

**Where: Antioch Community High School**

**Cost: \$125.00 (Includes stick, mouth guard, shin guards, glove and t shirt)**

**Already have a stick: Cost: \$85.00 ( includes glove and t shirt)**

## BASIC INDOOR SKILLS/GAMES

**Saturday February 13 Time: 11 am to 12:30 pm (grades 3rd to 6th)  
12:30pm to 2:00pm (grades 7th—12th)**

**Saturday, February 20 Time: 11 am to 12:30pm (grades 3rd to 6th)  
12:30pm to 2:00pm (grades 7th—12th)**

**Saturday, February 27 Time: 11 am to 12:30pm (grades 3rd to 6th)  
12:30pm to 2:00pm (grades 7th—12th)**

**Saturday ,March 6 Time : 3pm to 4:30pm (grades 3rd to 6th)  
4:30pm to 6:00pm (grades 7th—12th)**

**Saturday ,March 13 Time : 3pm to 4:30pm (grades 3rd to 6th)  
4:30pm to 6:00pm (grades 7th—12th)**

**Saturday, March 20 Time : 3pm to 4:30pm (grades 3rd to 6th)  
4:30pm to 6:00pm (grades 7th—12th)**

**Saturday, March 27 Time : 3pm to 4:30pm (grades 3rd to 6th)  
4:30pm to 6:00pm (grades 7th—12th)**

This clinic will focus on teaching and fine tuning basic skill as well as exposing the athletes to some advanced techniques. Areas covered will be: passing, receiving, dribbling, and shooting. There will be games incorporated into the sessions.

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ School and Grade: \_\_\_\_\_

Height: \_\_\_\_\_

**Registration deadline: February 8th, 2010**

Make Checks Payable To: **Antioch Community High School**

Send To: Antioch Community High School

Attn: Terry Dewing

1133 Main Street

Antioch IL 60002

Questions email [tdewing@sequoits.com](mailto:tdewing@sequoits.com)

**Insurance Information:**

Policy Holder \_\_\_\_\_ SSN: \_\_\_\_\_

Policy Holder DOB \_\_\_\_\_ Relation to camper: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Claim office phone: \_\_\_\_\_

Name of group employer: \_\_\_\_\_

Claim office address: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ ID # \_\_\_\_\_

Policy Holder Signature: \_\_\_\_\_

**Medical Release:**

My daughter, \_\_\_\_\_, is enrolling in an Antioch Indoor Hockey Clinic. My child's physical condition in no way should limit or hinder participation in clinic activities, other than noted above. During the time my child is at your camp, if any emergency arises involving the well being of my child, I give you full permission and authority to take such steps as are reasonable and necessary, in your own judgment, to protect and assist my child, and I release you from all responsibility for such action. I agree that I will pay any hospital expenses, doctor bills or any other expenses that may be incurred as a result of treatment given to my child for illness or injury, while attending your camp. I make this statement and commitment as consideration for your allowing my child to be enrolled in your camp and to take part in all activities. Finally, I and my successors, heirs, assigns, and executors agree to save and hold harmless Antioch Community High School, including their school board members, staff of coaches, managers, officers, and directors from any and all claims of loss or damage from any injury, illness, or other condition from any cause arising from my child's participation in Antioch Indoor Hockey events.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_