



"PROVEN SUCCESS" USA FIELD HOCKEY CHAMPIONSHIPS

National Hockey Festival Gold Medals: 2004 (U19); 2006 (U16); 2007 (U16 & U19); 2008 (U16 & U19); 2009 (U 16 & U19 two pools); 2010 (U19)

National Indoor Tournament Gold Medals: 2007 (U-19); 2008 (U-16 & U-19); 2009 (U-14)

Disney Showcase: 2007 (U-14 Silver Medal); 2008 (U-16 Bronze); 2009 (U-16 Silver, U-14 Bronze); 2010 (U-12 Silver, U-16 Bronze, U-19 Gold); 2011 (U-16 Silver, U-19 Gold)

PRE-SEASON "INDOOR" SKILLS CLINIC

Fee \$185

Grades 4-8 (field players only)

Wednesdays at Good Sports USA – Roller Hockey Rink

2903 Route 138 East, Wall Township, NJ 07719

4:30 – 6:30 PM

November 16th, 30th, Dec. 7th, 14th and 21st

- Jersey Intensity is excited to offer an indoor instructional clinic for the U14 age group
- Players will be grouped according to age and skill level and will be instructed by our championship level club coaches.
- Clinic will cover all aspects of FIH Indoor Game – to learn more about the indoor game go to www.usfieldhockey.com
- Most sessions will end with instructional games

This clinic is a GREAT LEAD-IN to our 2012 indoor Travel Club Season!!

KATHLEEN STEFANELLI Jersey Intensity Field Hockey Owner/ Curriculum & Development

- Four-time All-American at Princeton University.
- Captained the teams that participated in the 1996 & 1997 NCAA Division I Final Four.
- Selected to the Under 21 National Team in 1997.
- Assistant Coach at Monmouth University 1998-2002.
- All-American and All-State player at Shore Regional High School.
- Selected to the 1990's New Jersey Team of the Decade.

NOTE: These events are independent of Good Sports USA, any questions should be directed to Jersey Intensity Field Hockey - contact Kathleen at kakelly@intensityfieldhockey.com



**Make check payable to Jersey Intensity Field Hockey and
Mail to: 6 Columbus Drive
Monmouth Beach, NJ 07750**

For more information call 732-252-5119 or

Email: kakelly@intensityfieldhockey.com (email preferred method of communication)

All balances MUST be paid in full before the session.

Spaces will not be held and are very limited!!!

A confirmation email will be sent out with more information on what to bring

**www.intensityfieldhockey.com
www.intensityfieldhockey.blogspot.com**

2011 Indoor Pre-Season Clinic

Name: _____ Age: _____ D.O.B. _____
School: _____ Grade: _____ Level of Play: School Team _____ Yrs. of Exp _____
Position: _____ E-Mail Address: _____
Address: _____ Town: _____
St: _____ Zip: _____
Name of Parents / Guardian: _____ Home # (____) _____ - _____
Emerg. Phone: (____) _____ - _____ Work # (____) _____ - _____
T-Shirt Size – W XSmall ___ W Small ___ W Medium ___ W Large ___ W XLarge ___

Please list any current medical condition that may interfere, in any way, with full participation at the Jersey Intensity field hockey camps including Asthma or any allergies (medications . . .)

I give permission for my child to attend and participate in the Jersey Intensity field hockey clinic. I hereby authorize the directors and employees of Jersey Intensity to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Jersey Intensity Field Hockey LLC and it's employees from any and all liability from injuries and illness while participating in camp. I certify the above named individual is physically fit and able to participate fully in the above indicated Jersey Intensity Field Hockey clinic

Parent's Signature

Date

Insurance Carrier

Policy Number

Preferred Hospital Transport _____ Dr's Name and # _____