

2017 MID-ATLANTIC FIELD HOCKEY UMPIRE ACADEMY
JULY 23rd – 27th
Our 15th Year!

***VISIT ONLINE AT MIDATLANTICFIELDHOCKEY.COM**

The only Umpire Academy on the Eastern Shore!

Enjoy the sun, surf, shopping and fun of learning and practicing your umpiring skills at the beautiful resort area of Cape Henlopen State Park on the white sands of the Atlantic Ocean in Lewes, Delaware.

The Mid-Atlantic Umpire Camp runs from Sunday thru Thursday Noon, registration is 4 pm on Sunday. A special umpires camp for the best training right before your season. Bring a co-umpire and get a super start on the upcoming season. This camp is offered in conjunction with the Mid-Atlantic Field Hockey Camp.

An Umpire's Academy and great vacation at the beach!

Umpires from Connecticut, Delaware, Ohio, Pennsylvania, New York, Virginia, New Jersey, Maryland and all over the east will be attending.

Umpires accommodations will be in Youth Camp 3.

***RESIDENTIAL CAMPING FOR FEMALES ONLY.**

Your housing and the conference rooms are in the same place, AC in dorm room.

The fields and beach are less than a 10 minute walk away.

Biking and Hiking trails are right there.

The Rehoboth outlet malls are only 10 minute drive away.

2017 Umpire Clinician Steve Horgan

Steve began umpiring in 1985 with the Delaware Field Hockey Officials Association and most currently is the Director of Umpiring for USA Field Hockey. Over his almost 30 years of umpiring he has umpired at every level including the 1996 Atlanta and 2000 Sydney Olympics. In his position with USA Field Hockey his responsibilities include the education and recruitment of umpires across the country. Steve also is an umpire manager with the International Hockey Federation, managing umpires at tournaments around the world. He is an experience clinician and has a full program developed for the education of umpires. The program includes field presence, signaling, reading the game, positioning and much more including recognition of fouls and applying the rules.

ALL UMPIRES ARE WELCOME FROM BEGINNERS TO THOSE WHO ARE INTERESTED IN DEVELOPMENT IN A SECTIONAL LEVEL.

***THIS CAMP WILL HAVE A FOCUS ON THE NFHS FIELD HOCKEY RULES.**

The daily schedule includes meals, lectures, discussions, and umpiring games in the evening, review game situations, and beach time/free time for socializing.

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FOR MORE INFORMATION CONTACT:

FRANNIE SLABONIK

MID ATLANTIC FIELD HOCKEY, LLC

50 FROG HOLLOW LANE

MOHNTON, PA 19540

PHONE 484-332-3670 EMAIL contact@midatlanticfieldhockey.com

*VISIT ONLINE AT MIDATLANTICFIELDHOCKEY.COM

THERE WILL BE A LIMITED ENROLLMENT.

COMMUTER CAMPER RATE \$180.00 (INCLUDES SHIRT, MEALS, AND ALL CLINIC SESSIONS)

RESIDENT RATE \$280.00, (INCLUDES SHIRT, ROOM, MEALS, AND ALL CLINIC SESSIONS)

A NON-REFUNDABLE DEPOSIT OF \$100.00 MUST ACCOMPANY EACH APPLICATION

*MAKE CHECKS PAYABLE TO THE "MID ATLANTIC FIELD HOCKEY LLC"

(REFUND POLICY ON BALANCE OF PAYMENT, WHICH IS DUE BY JUNE 1ST

- IF REGISTERING AFTER JUNE 1ST PAY IN FULL)
- BEFORE JUNE 1ST – FULL REFUND (except for \$100 registration fee), JUNE 1ST TO JUNE 30th – HALF REFUND (except for \$100 registration fee), AFTER JULY 1ST – NO REFUND

DETACH AND SEND TO FRANNIE SLABONIK AT ADDRESS ABOVE:

PLEASE PRINT NEATLY Resident Camper or Commuter Camper _____

NAME - _____ E MAIL - _____

ADDRESS - _____

CITY - _____ STATE - _____ ZIP - _____

CELL PHONE – () _____

EMERGENCY PHONE – () _____

LOCAL CHAPTERS NAME - _____

PRESIDENT OF LOCAL CHAPTER - _____

ADDRESS - _____

CITY - _____ STATE - _____ ZIP - _____

LEVEL OF PLAY UMPIRED (CHECK ALL THAT APPLY)

____ JR. HIGH ____ JUNIOR VARSITY ____ VARSITY ____ CLUB ____ COLLEGE

NUMBER OF YEARS UMPIRING - ____

CIRCLE RATING: NFHS LOCAL, USFHA LEVEL I, USFHA LEVEL II, USFHA LEVEL III

CIRCLE SHIRT SIZE (____ MENS or ____ WOMENS size will be ordered)- Small Medium Large X-Large XXL

I UNDERSTAND THAT THE MID ATLANTIC FIELD HOCKEY, LLC DOES NOT CARRY MEDICAL OR ACCIDENT INSURANCE, AND I HEREBY CERTIFY THAT I AM COVERED BY A PERSONAL INSURANCE POLICY.

FUTHER, I HEREBY AUTHORIZE TREATMENT, NOT TO BE CONSIDERED ROUTINE, TO BE REFERRED TO LOCAL PHYSICIANS AND MEDICAL FACILITIES AT MY EXPENSE.

SIGNATURE- _____ DATE - _____

PRINT NAME - _____

DATE OF BIRTH - _____ STATE OF BIRTH _____

INSURANCE COMPANY - _____

POLICY NUMBER - _____

ADDITIONAL INFORMATION WILL BE FORWARDED TO YOU SOON!