

## **Delaware Friday Nights- Under the Lights**

This is a program designed to provide field hockey athletes with an opportunity to sharpen their skills and scrimmage against other teams! This nightly field hockey session is full of game play! We invite you to come out to Newark, DE and experience Delaware fun! Participants will receive individual instruction as well as team related tactics and concepts.

### **Session Dates:**

April 27, May 4 & May 11

### **Play Day Fee:**

Friday Nights Under the Lights:  
\$20 per player per session  
\$50 per player registering for all 3 sessions  
(Max 12 players per team)

### **Location:**

Rullo Stadium

### **Participants:**

Girls 8<sup>th</sup>-12<sup>th</sup> Grade

### **Attire:**

Sports clothes, sneakers or turf shoes. Shin guards and mouth guards are required. Please bring your own stick. Goal Keepers must bring their own gear. Dress appropriately for outdoor weather!

### **Tentative Schedule:**

6:30-7:10pm Skills and Drills  
7:15-9:15pm Game Play 8v8

**Delaware Friday Nights-Under the Lights**  
directed by  
**University of Delaware Head Coach**  
**Rolf van de Kerkhof**

*Hockey Fun*



**DELAWARE FIELD HOCKEY**  
[www.delawarefieldhockey.net](http://www.delawarefieldhockey.net)

**University of Delaware**



# **Friday Nights- Under the Lights**

April 27<sup>th</sup>  
May 4<sup>th</sup>  
May 11<sup>th</sup>

*Play  
Train  
Learn  
Compete  
&  
Win Together*

## Athlete Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
High School: \_\_\_\_\_  
FNUTL 8v8 Team Name: \_\_\_\_\_  
(i.e. high school or club team)  
Graduation Year: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Likes to register for FNUTL:

April 27: \_\_\_\_\_  
May 4: \_\_\_\_\_  
May 11: \_\_\_\_\_

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(Max 12 players per team)

## Medical Authorization:

\_\_\_\_\_,  
as parent or legal guardian of the  
participant named above, I hereby  
authorize the director of the clinic and his  
subordinates, to seek any medical and/or  
surgical treatment, which is reasonably  
thought to be necessary for the care of my  
child. The program director is authorized to  
provide medical treatment for my child, and  
I shall be fully responsible for honoring such  
costs. I also authorize the medical facility  
to release all information needed to  
complete insurance claims. I authorize  
insurance payment directly to the medical  
facility.

Signature (Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

## Medical Authorization Form Continued

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

List any medical conditions that Play Day  
personnel should be aware of (please use  
additional pages if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medications currently taking:  
\_\_\_\_\_  
\_\_\_\_\_

## In case of emergency please contact:

Name of Parent or Legal Guardian: \_\_\_\_\_

Day time Phone: \_\_\_\_\_  
Night Time Phone: \_\_\_\_\_  
Medical Insurance  
Company: \_\_\_\_\_  
Telephone Insurance  
Company: \_\_\_\_\_  
Insurance Policy  
Numbers: \_\_\_\_\_

# Hockey Fun



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[www.delawarefieldhockey.net](http://www.delawarefieldhockey.net)

### Questions?

**Please contact Laree Beans,**  
Assistant Coach-University of Delaware  
**302-831-0881 / beansl@udel.edu**

## Directions to Rullo Stadium

### From the North and the East :

I-95 South to Delaware exit 1-B, Route 896 north.  
Delaware Field House is located on the right, after  
Routes 4/896 intersection and adjacent to the Bob  
Carpenter Center and Delaware Stadium.

### From the South and the West:

I-95 North to Maryland Exit 109B, Route 279 N  
(also called Route 2). Proceed on this road which  
becomes Elkton Road into Newark. Turn right at  
the intersection of Routes 2 (279) and 4. Turn left  
at intersection of Routes 4/896. The DFH is located  
on the right, adjacent to the Bob Carpenter Center  
and Delaware Stadium.

### Parking:

Please park in between the Track and Softball  
fields.

**LIMITED SPACE REGISTER EARLY!**  
**As we can only account for 12 teams per**  
**FNUTL session**

**You will receive confirmation via e-mail**

**Please return this completed for to:**  
**Delaware Field Hockey**  
**302 Delaware Field House**  
**621 S. College Avenue**  
**Newark, DE 19716**

**Please make checks payable to:**  
**University of Delaware**