

Jersey Elite Field Hockey Academy

About Jersey Elite Field Hockey Academy

The Jersey Elite Field Hockey Academy (JEFHA) was formed to fill the needs of the field hockey fraternity in the New Jersey area. The Academy's focus is on player development and preparing athletes for the successful transition to higher levels of the game. At JEFHA, the emphasis is on mastering the basic fundamental skills required to ensure every athlete is successful in being the best they can become. The Academy offers developmental training to all age groups and genders.

Goals of JEFHA:

- Provide the opportunity to train year round
- Ensure quality Developmental programs
- Reinforcement of instructional skills
- Introduce new technologies to assist in Development of the athlete
- Create and provide a healthy atmosphere for learning
- Make sure Athlete's goals are attained

Spring Registration is now open.

Please refer to attached registration sheet or

visit our newly designed website at

jerseyelitefha.com



Jersey Elite Field Hockey Academy

Jim Miller
Director
908.283.1027

Jim Popinko
Director
908.310.6297

2014 Spring Session Field Hockey Registration

Who	U10, U12, U14, U16, U19	
When	April 19, 26 May 3, 10, 17, 24, 31 (5:00-7:00 PM) June 22, 29 July 6, 13, 27 (3:00-6:00 PM)	
Where	Warren Hills High School Turf Stadium, 41 Jackson Valley Road, Washington, New Jersey 07882	
Cost	\$350 (JEFHA pinnie is additional cost – see website for order form) http://www.jerseyelitefha.com/	Checks payable to: JEFHA

Name (Last) _____ First _____ Date _____

Mailing Address _____

Date of Birth _____ Age _____ Grade _____ School _____

Years playing FH _____ Position _____ Coach _____

Name of Parent/Guardian _____

Phone (Home) _____ (Work) _____ (Cell) _____

Parent Email _____ USAFH Membership # _____

Medical Authorization

Physical Limitations _____ Allergies _____

Family Physician _____ Phone _____

Medical Insurance Carrier _____ Policy # _____

Parent/Guardian Acknowledgment

I verify that my child has been checked by a licensed physician prior to attending JEFHA programs and is physically able to participate. I allow the Academy's coordinators to act on my child's behalf and to obtain medical care required. In addition, I understand and assume all risk resulting from participation in their training sessions and will hold harmless the JEFHA and its directors, coaches, employees, club representatives, and trustees of any liability, actions, causes of action, claims and demands of every kind and nature whatsoever which may arise in connection with or resulting from participating in any of JEFHA programs.

Parent/Guardian Signature

Date

JEFHA

PO Box 105 Washington, New Jersey 07882 | www.jerseyelitefha.com