



# GIRLS FIELD HOCKEY

## FALL 2016



**GRADES: 2 & 3    GRADE: 4    GRADES: 5 – 8**

Sponsored By: **The Town of Bedford Recreation and Parks Department**

This is a skills based program that will introduce athletes to the game of field hockey and provide additional skill development and field time for those who already play the game. Emphasis will be on physical conditioning, stick work, team dynamics and rules of the game. There will be several scrimmages planned against local recreation teams. *Players must provide their own stick, shin guards, mouth guard and eye guard.*

**FOR:** Girls entering grades 2 through 8 in the fall of 2016 who live in the Bedford Central School District or Katonah / Lewisboro School District. Non resident participants will be accepted on a space available basis.

**TIME:**

<b>Grades: 2 &amp; 3:</b>	Saturdays	9:00am – 10:00am
<b>Grade: 4</b>	Saturdays	9:00am – 10:30am <i>and</i> Fridays 5:00pm – 6:30pm
<b>Grades: 5 to 8:</b>	Fridays	5:00pm – 6:30pm (light dependent)
	<i>and</i>	
	Saturdays	10:15am – 11:45am

**DATES:**

Saturdays:	September: 10, 17, 24 - October: 1, 8, 15, 22, 29 - November: 5, 12
Fridays:	September: 16, 23, 30 – October: 7, 14
Make-up:	TBD

**Note:** Play Dates with other programs will also be scheduled during the season

**WHERE:** Katonah Memorial Park Field – Located behind the pool

**COACHES:** **Ridgely Biddle:** Is a Katonah resident, MAT in PE, coached field hockey at the Convent of the Sacred Heart for six seasons, is a former player at Boston University and a rated field hockey and lacrosse official.

**Cathy Cousin:** Varsity Field Hockey coach at Ossining High School 1986-1994, Played for SUNY Cortland 1982 –86 and is in her eighth season with the program.

**Debbi Walsh:** is the newly appointed varsity field hockey coach for John Jay High School. She is a former field hockey player at Fairfield University and was the JJMS modified field hockey coach for three seasons. Debbi has been with the program for three seasons.

**Louisa Polos:** Is a John Jay High School graduate and played varsity field hockey and lacrosse. Louisa is a teacher and field hockey, basketball and lacrosse coach at Rippowam Cisca School and is in her third year assisting with the program.

**QUESTIONS:** Please contact the Recreation Office at 666.7004 *or* email Coach Biddle at [Bedfordfieldhockeyny@gmail.com](mailto:Bedfordfieldhockeyny@gmail.com). The field hockey website is [www.bedfordfieldhockey.org](http://www.bedfordfieldhockey.org)

<b>FEES:</b>	<b>Grades 2 &amp; 3:</b>	\$ 80.00 includes a mesh jersey	Activity #	<b>362601 A</b>
	<b>Grades 4</b>	\$140.00 includes a mesh jersey	Activity #	<b>362601 B</b>
	<b>Grades 5 - 8</b>	\$140.00 includes a mesh jersey	Activity #	<b>362601 C</b>

**Additional Information and Registration form located on the reverse side**

**MOUTHGUARDS:** Must be provided by the players

**NOTE:** High School players (paid positions or community service credits) will be assisting with the program. Parent volunteers will be needed. If interested please contact the Recreation Office at 666 – 7004.

**REGISTRATION:** Registration for this exciting fall sports program will start on **July 11<sup>th</sup>** in order to properly prepare for the fall. Enrollment will be limited to insure a quality program. Interested players are encouraged to register early. To register please complete the registration form provided and return it with your payment to the Recreation Office at the address provided on the form.

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## RECREATION PROGRAM REGISTRATION FORM

COMPLETE ENTIRE FORM - PLEASE PRINT

Household Name \_\_\_\_\_ Date \_\_\_\_\_  
Full Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
EMail \_\_\_\_\_

Participant Name (Last, First)	Sex	Grade	DOB	Program Day	Activity #	Activity Name	Fee

**Form of Payment:**    Cash                       Check                       Credit Card                      **Total Fee \$:** \_\_\_\_\_

General Release The undersigned hereby releases the Town Of Bedford, its Town Board, Recreation and Parks Department, employees and volunteers thereof, of any responsibilities should an accident or injury occur to the above named participant as a result of participation in the aforementioned program sponsored by the Bedford Recreation and Parks Department. I understand the department may use photos taken during events unless I notify them in writing.

**Participant's Signature** (Parent/Guardian, if under age 18): \_\_\_\_\_

**Please bring or mail this form with the appropriate fee to:** Town of Bedford/Recreation & Parks Dept.  
425 Cherry Street  
Bedford Hills, NY 10507

Telephone: 914.666.7004