



KATHLEEN STEFANELLI (KELLY)
**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.

Winter Indoor Clinic
Fee \$150/SESSION
Monroe Sports Center
4 Farrington Blvd , Monroe, NJ 08831

Session 1: Tuesdays, Jan. 5th, 12th, 19th, 26th
Session 2: Tuesdays, February 2nd, 9th, 16th, 23rd
Grades 5th-8th ; Grades 9th-12th – 6:00 –8:00 PM
(Open to 2010 graduating seniors. FIELD PLAYERS only.)

Indoor Clinic Features:

- Small player to coach ratio to maximize attention and development!!
- **Run by Jersey Intensity Elite Championship Club Coaches.**
- ALL areas of proper Skill and Tactical development to be covered.
- Attention will be spent on fine details of skill development.
- Clinics held on smooth surfaces to develop faster stick skills.
- Small games at end of each session.
- **Separate groups and curriculums for Grammar School and High School Aged Athletes. ALL PLAYERS WILL BE CHALLENGED.**

JERSEY INTENSITY FIELD HOCKEY
"PROVEN SUCCESS"
US FIELD HOCKEY CHAMPIONSHIPS

National Hockey Festival Gold Medals: 2004 (U19); 2006 (U16); 2007 (U16 & U19); 2008 (U16 & 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)



Make Payment payable to Jersey Intensity Field Hockey and

Mail to: 6 Columbus Drive

Monmouth Beach, NJ 07750

For more information call 732-252-5119 or

e-mail kakelly@intensityfieldhockey.com

All balances MUST be paid in full before the session.

Spaces will not be held!!

www.intensityfieldhockey.com

Camp/Clinic Attending (include which session): _____

Name: _____ Age: _____ School: _____

Grade: _____ Level of Play: Var. _____ JV _____ Fresh. _____ Grammar School Team _____ Yrs.
of Exp _____

Position: _____ E-Mail Address: _____

Address: _____ Town: _____

St: _____ Zip: _____

Name of Parents / Guardian: _____ Home # (____) ____ - _____

Emerg. Phone: (____) ____ - _____ Work # (____) ____ - _____

Shirt Size (Adult Sizes): S M L XL

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 # _____