

P-CEP GIRLS FIELD HOCKEY 2025



Informational Packet

P-CEP GIRLS FIELD HOCKEY 2025

AGENDA

- Who are we?
- Meet our Coach
- MSHAA
- Important Dates
 - Summer Conditioning
- Preliminary Game Schedule
- Communication
- Fall Registration
 - Physical Form
- Team Fees
- Fundraising

WHO ARE WE?

- Established in 2018
 - Founded as an affiliate club sport
- Self-funded and Volunteer Operated
 - Relies on contributions and volunteer efforts
- Inclusive Participation
 - Open to students from all three P-CEP High Schools



Meet Our Coach

Zahraa Zahr (Coach Z) has been our P-CEP Field Hockey coach for 2 years.

Zahraa was a stand-out at Edsel Ford High School and team captain her junior and senior years. She earned All State Honors while at Edsel Ford as both a junior and senior.

She has been highly committed to her growth as a coach. She has previously coached at the Academy of the Sacred Heart Middle School and is currently on staff at Live Oak Field Hockey. She also coaches with Great Lakes Field Hockey.

Zahraa holds a level one and level two United States Field Hockey coaching certification.

Zahraa currently finishing her nursing degree at Wayne State University.

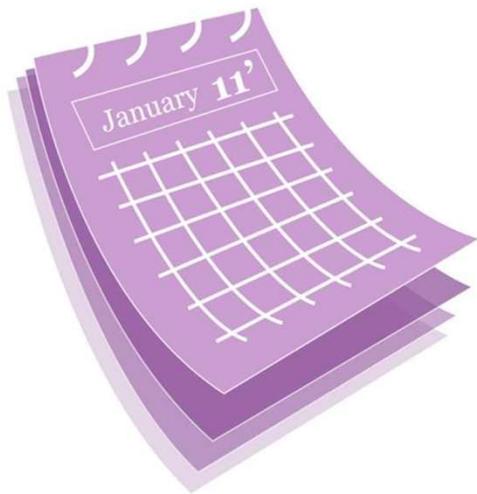




MHSAA INTEGRATION

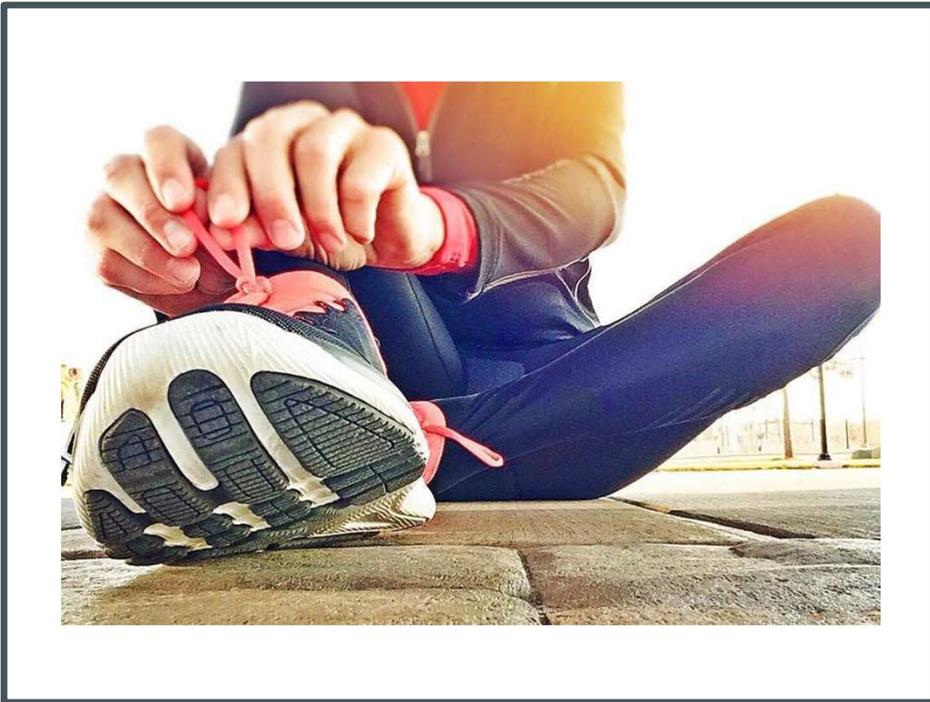
- Field Hockey Inclusion in MHSAA
 - 2025/26
- Impact on School Affiliated Club Sport
 - No change in status
 - Remains a school affiliated club sport
- Exciting Growth of the Sport
 - Part of the sports growth
 - Encourages more participation

IMPORTANT DATES



- June 7 Spring Clinic & Informational Meeting
- June 7 Tryout Registration Opens
- June 18 Optional Summer Conditioning Begins
- July 31 Last day of Summer Conditioning
- August 4 Tryout Registration Closes
- August 11-14 Tryouts
- August 18 Player & Parent Meeting, Uniforms Distribution, Season Fees due
- August 21 First Game (Varsity Only)

SUMMER CONDITIONING



- Program Overview
 - Optional but encouraged for skill development
 - Prepares players physically for the season
- Schedule
 - Starts June 18th
 - Captain ran sessions 3 times a week
 - 6:00-8:00 pm on Tuesdays
 - 10:30 AM-12:00 PM Wednesday and Thursdays
- Location
 - Meeting spot is PCEP Varsity Turf
- Bring cleats, sticks, mouth guards and water

GAME DETAILS

GAME	DATE	OPPONENT	JV START	VARSITY START
1	8/21/2025	@Sacred Heart	Varsity Only	7:00 PM
2	8/25/2025	Vs. TBD	5:30 PM	7:00 PM
3	8/27/2025	@ Gross Pointe South	5:30 PM	7:00 PM
4	9/6/2025	Vs. TBD	9:30 AM	11:00 AM
5	9/8/2025	Vs. Novi	5:30 PM	7:00 PM
6	9/10/2025	@Dearborn	5:30 PM	7:00 PM
7	9/15/2025	@ Northville	5:30 PM	7:00 PM
8	9/17/2025	@ Brighton	5:30 PM	7:00 PM
9	9/22/2025	Vs. Hartland	5:30 PM	7:00 PM
10	9/24/2025	@ Novi	5:30 PM	7:00 PM
11	9/26/2025	@ Green Hills	5:30 PM	7:00 PM
12	9/29/2025	Vs. Dearborn	5:30 PM	7:00 PM
13	10/1/2025	Vs. Northville (SENIOR NIGHT)	5:30 PM	7:00 PM
14	10/4/2025	Vs. TBD	9:30 AM	11:00 AM
15	10/6/2025	Vs. Brighton	5:30 PM	7:00 PM
16	10/7/2025	@ Cranbrook	5:30 PM	7:00 PM

COMMUNICATION CHANNELS

- Email Communication
 - pcepgirlsfieldhockey@gmail.com
- Website Information
 - [pcepfieldhockey](http://pcepfieldhockey.com)
- GroupMe Invitations
 - Invite will be sent to players with coach platform
- Social Media Platforms
 - Instagram: [@pcepgirlsfieldhockey](https://www.instagram.com/pcepgirlsfieldhockey)
 - Facebook: P-CEP Girls Field Hockey



FALL REGISTRATION

- Registration Period
 - Open from June 7, 2025- August 7, 2025
- Big Teams registration
- Physical Form Requirement
 - MHSAA Physical Form dated after 04/15/25
- Player Fees
 - Not due at registration
 - Required before uniform pick-up

Big Teams Instructions

1. Log onto your high school athletic page
2. Find the Athletic Registration 25/26
 - * Plymouth and Salem click on 'more' (right side) then Athletic Registration 25/26 under Athlete HQ.
 - * Canton click on upper right corner box 'Complete Athletic Forms Here'.
3. Create an account for your daughter
4. Your daughter needs to create an account as well as the player.
5. Compete forms in the list. Players physical will need to be added before registration is complete.
6. Once you complete the forms you will see a note 'awaiting athlete signature'.
7. Now your daughter needs to sign in and complete the forms.
8. Canton students are then done!
9. Plymouth and Salem Students:
Once completed, she will need to go to top bar and add Canton HS. She will then complete the form that lists the sports she will be playing and she will see 'Field Hockey'.



MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old

Student Name: _____ Date of Birth: _____
 Doctor: _____ Date of Exam: _____

GENERAL QUESTIONS	Y	N	- MEDICAL QUESTIONS	Y	N
Has a doctor ever denied or restricted your participation in sports for any reason? Do you have any ongoing medical conditions? If so, please identify below. <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other.			Do you cough, wheeze or have difficulty breathing during or after exercise? Have you ever used an inhaler or taken asthma medicine? Is there anyone in your family who has asthma? Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ? Do you have groin pain or a painful bulge or hernia in the groin area? Have you had infectious mononucleosis (mono) within the last month? Do you have any rashes, pressure sores or other skin problems? Have you ever had a herpes or MRSA skin infection? Do you have headaches or get frequent muscle cramps when exercising? Have you ever become ill while exercising in the heat? Do you or someone in your family have sickle cell trait or disease? Have you had any problems with your eyes or vision or any eye injuries? Do you wear glasses or contact lenses? Immunization History: Are you missing any recommended vaccines? Do you have any allergies?		
Have you ever spent the night in the hospital or have you ever had surgery? Do you have any concerns that you would like to discuss with a doctor?			Have you ever had a head injury or concussion? Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems? Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling? Do you worry about your weight? Are you trying to or has anyone recommended that you gain or lose weight? Are you on a special diet or do you avoid certain types of foods? Have you ever had a menstrual period? If "YES", when was your most recent menstrual period? How old were you when you had your first menstrual period? How many periods have you had in the last 12 months?		
-HEART HEALTH QUESTIONS ABOUT YOU Have you ever passed out or nearly passed out DURING or AFTER exercise? Have you ever had discomfort, pain, lightheadedness, or pressure in your chest during exercise? Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise? Has a doctor ever told you that you have any heart problems? Check all that apply. <input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> Heart infection <input type="checkbox"/> High cholesterol <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other:			- FEMALE ONLY (Optional) Have you ever had a menstrual period? If "YES", when was your most recent menstrual period? How many periods have you had in the last 12 months?		
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram) Do you get lightheaded or feel more short of breath than expected during exercise? Do you have a history of seizure disorder or had an unexplained seizure? Fainting? Do you get more tired or short of breath more quickly than your friends during exercise?			Have you ever had an eating disorder? Are you trying to or has anyone recommended that you gain or lose weight? Are you on a special diet or do you avoid certain types of foods? Have you ever had a menstrual period? If "YES", when was your most recent menstrual period? How old were you when you had your first menstrual period? How many periods have you had in the last 12 months?		
-HEART HEALTH QUESTIONS ABOUT YOUR FAMILY Has anyone in your family had a pacemaker or implanted defibrillator before age 35? Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)? Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, aortic aneurysm, aortic dissection, long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			- BONE AND JOINT QUESTIONS Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game? Have you ever had any broken or fractured bones, dislocated joints or stress fracture? Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches? Do you regularly use a brace, orthosis or other assistive device? Do you have a bone, muscle or joint injury that bothers you? Do any of your joints become painful, swollen, feel warm or look red? Do you have any history of juvenile arthritis or connective tissue disease? Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?		

Please explain any "YES" answers: _____

PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT

EXAMINATION: Height: _____ Weight: _____ BP: _____ / _____ Pulse: _____ Vision: R 20' L 20' Corrected: Y N

MEDICAL	NORMAL	ABNORMAL	MUSCULOSKELETAL	NORMAL	ABNORMAL
Appearance: Marfan stigmata (spina bifida, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			Neck		
Eyes/Ears/Nose/Throat: Pupils Equal Hearing			Back		
Lymph nodes			Shoulder/Arm		
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)			Elbow/Forearm		
Pulses: Simultaneous femoral and radial pulses			Wrist/Hand/Fingers		
Lungs			Hip/Thigh		
Abdomen			Knee		
Genitourinary (males only)			Leg/Ankle		
Skin: HSV: _____ Lesions suggestive of MRSA, tinea corporis			Foot/Toes		
Neurologic			Functional Duck Walk		

RECOMMENDATIONS:

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities except: _____

EXAMINER Name of Examiner (print/type): _____ Date: _____
 Signature of Examiner: _____ (Check One): MD DO PA NP

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

Student: _____ Grade: _____ Doctor: _____ Phone: (____) _____
 IN EMERGENCY (1): _____ Home #: (____) _____ Cell #: (____) _____
 IN EMERGENCY (2): _____ Home #: (____) _____ Cell #: (____) _____
 Drug Reactions: _____ Current Medications: _____
 Allergies: _____



PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/guardian or 18-year-old

There are FOUR (4) signatures on this page **4** to be completed by student, parent/guardian and/or 18-year-old

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

Student Name: _____ LAST _____ FIRST _____ MIDDLE INITIAL _____

Student Address: _____ STREET _____ CITY _____ ZIP _____

Sex: M F Age: _____ Date of Birth: _____ Place of Birth (City/State): _____

School: _____ Circle Grade: **6** **7** **8** **9** **10** **11** **12**

Parent/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Parent/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Email Address: Parent/Guardian 18-Year-Old: _____

STUDENT PARTICIPATION & PARENT or GUARDIAN or 18-YEAR-OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, I/we acknowledge that I/we have received concussive educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.

Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: **that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume; and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.**

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

1 Signature of **STUDENT**: _____ Date: _____

2 Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: _____ Date: _____

INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance: YES NO

If YES, Family Insurance Co.: _____ Insurance ID #: _____

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are complete and correct.

3 Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: _____ Date: _____

..... (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)

MEDICAL TREATMENT CONSENT: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

I, _____, an 18-year-old, or the parent or guardian of _____, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

4 Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: _____ Date: _____

SEASON COSTS

- Season Cost

- \$560 per player

- What is Included?

- Coach Fee
 - Athletic Trainer Fee
 - Referee Fee
 - Club Insurance
 - USA Field Hockey Membership
 - Practice and Game Field Rental
 - Team Uniforms and Equipment
 - Player Banquet Ticket and Awards
 - Senior Night



Additional Items Needed to Play:

- Field Hockey Stick
- Mouthguard
- Goggles
- Shin Guards

SUMMER FUNDRAISER OPPORTUNITIES



Present this voucher and \$1 from your full priced 20/24oz specialty beverage will be donated to



Redeem only at
45430 Ford Rd., Canton, MI 48187

Present this voucher and \$1 from your full priced 20/24oz specialty beverage will be donated to



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Need a fundraiser?

Reach out to your local BIGGBY COFFEE at
45430 Ford Rd.
Canton, MI 48187
or ask your barista for information the next time you stop in.

Brewing change for



Join us!

Dine-in, or Take-out



P-CEP
GIRLS FIELD HOCKEY



FUNDRAISER



Saturday, June 7
12:00pm-9:00pm



**BROASTED
BROTHERS**

15171 Sheldon Rd.
Plymouth

Be sure to mention this flyer when placing your order



P-CEP Field Hockey 2025 Season Sponsorship Guide



As we prepare for the 2025 season, we're excited to announce a new fundraising option! We're ready to promote businesses while supporting the P-CEP Girls Field Hockey Team. As a club sport, we don't receive any funding outside of our families and community; we need your help!

Becoming a sponsor means your contributions directly impact the success of our team while also providing exposure for your business.

Purple Sponsor - \$200

- Social Media Shoutout thanking your business on our team's social media platforms
- Company Name & Logo printed on the back of rosters passed out at all home games

Black Sponsor - \$400

- All Benefits of Purple Sponsor
- Company Name & Logo displayed on a shared banner at all home games

Platinum Sponsor - \$600

- All Benefits of Black Sponsor
- Premium Recognition thanking your business on our team's social media platforms with a dedicated sponsor spotlight and link to your website
- Opportunity to Distribute Promotional Materials at one home game

Panther Sponsor - \$1,000

- All benefits of a Platinum Sponsor
- Opportunity to Distribute Promotional Materials at all home games

To become a sponsor, please complete the information below and return it with a check payable to PCEP Girls Field Hockey. Donation receipts will be provided upon request. Please contact pcepgirlsfieldhockey@gmail.com with any questions. Thank you for your support and partnership!

Business Name:	
Sponsorship Level:	
Contact Person:	
Phone Number:	
Email:	
Players Name	