



Bates College Field Hockey Clinic



When: Saturday May 16, 2009 (1st grade through 8th grade)
Sunday May 17, 2009 (High School – 9th grade through 12th grade)

Where: Bates College, Campus Ave. Turf Field - Lewiston, Maine
(On the corner of Campus Ave. & Central St.)

Time: 10am-2pm

Fee: \$30 (T-shirt included!)

Registration/consent form attached. Please register by May 8th, 2009.

The clinics will emphasize various skills based on age and ability. Young players will be taught basic skills and drills. High school players will be taught more advanced skills and concepts and will participate in full field game play.

- * Goalkeepers are responsible for providing their own equipment.
- * Please wear a white T-shirt and black or dark shorts, sneakers or turf shoes (no cleats) and bring a mouth guard and a stick. Limited equipment will be provided for younger players.
- * Players are encouraged to bring a snack and water/Gatorade.

THE STAFF:

The clinic will be run by Bates College field hockey coach Wynn Hohlt and Bates College assistant field hockey coach Carolyn King. Hohlt has been a college field hockey head coach for 18 years including 12 years at Bates. She was a All-Region goalie at Williams College. King played college field hockey for Bates and is entering her third season as part of the coaching staff. The coaches will be joined by many of the players from the 2008 Bates College field hockey team as well.





Field Hockey Clinic Registration

Circle one: **May 16 Clinic** **May 17 Clinic**

Name: _____

Grade: _____ **School:** _____

Address: _____

Phone#: _____

Years of experience: _____

Coaches Name and Number: _____

Total Amount enclosed: _____

Signed: _____ **Date:** _____

Parent/ Guardian

Return this form and payment to: Wynn Hohlt
Alumni Gymnasium
Bates College
Lewiston, ME 04240

** Please make checks payable to:*
Bates College Field Hockey

***Please sign the attached parental consent form.**

Parental Consent Form

I/We, the undersigned hereby certify that I (we) am (are) the parent(s) or legal guardian(s) of the clinic attendee. I hereby give permission for the staff of the clinic, during the period of the clinic, to seek appropriate medical attention for the clinic attendee, the medical attention to be given, and for the clinic attendee to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all of the costs of medical attention and treatment and have medical insurance to cover these costs.

I/We, the undersigned, for ourselves and as guardian(s) of _____ (clinic attendee) understand that field hockey is an active, physical sport, and that injuries can take place during play. I/We also understand there will be a number of children attending clinic, there will be a limited number of coaches and/Bates athletes, and that our child cannot receive individualized attention and supervision at all times. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in field hockey activities. I/We, represent that I/We have sought the opinion of our child's physician _____ (clinic attendee's physician), and he/she concurs that _____ (clinic attendee) is fully capable of safely engaging in these activities and that he/she has had a complete physical examination within 24 months of the start of clinic and is up to date with immunizations.

I/We also understand that it is my/our responsibility in caring for the clinic attendee listed above, to be assured that he/she is able to engage in such sport. I/We, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge Bates College Field Hockey Clinic, its staff, officers, agents, employees representatives, successors and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in clinic activities or while at clinic, whether or not damages, injury, or loss is due to negligence.

Date of Last Physical Examination

Signature of Parent/Guardian

Date