



## 2011 Providence College Field Hockey Clinic & Tournament

Sunday, April 10, 2011

Session I (**High School/Club Teams**): 8:30 – 12:30 (8 teams)

Session II (**Club Teams**): 1:30 – 5:30 (8 teams)

Friar Field Hockey/Lacrosse Complex

- Clinic will provide some basic skill instruction followed by 7 v 7 play (with GK'er)
- Each team will be guaranteed four 20 minute games
- Each session will consist of two pools of 4 teams in round robin play, and one cross-over game with other pool

Providence Field Hockey  
1 Cunningham Square., Alumni Hall  
Providence, RI 02918



**2011 Providence College  
Field Hockey Clinic & Tournament  
(\*\*Please print out one for each of your players)**

**PARTICIPANT WAIVER FORM**

**School/ Club:** \_\_\_\_\_

**Participant's Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** (h) \_\_\_\_\_ (c) \_\_\_\_\_

**Please check one:**

\_\_\_\_\_ **Session I: 8:30 – 12:30**

\_\_\_\_\_ **Session II: 1:30 – 5:30**

I hereby give my consent for my child to be treated for injuries or medical problems that may be sustained during this clinic/tournament and I will be responsible for any and all costs of medical attention and treatment and have medical insurance to cover these costs.

I, the clinic participant's parent/legal guardian, understand the nature of the clinic activities, certify that the participant is able to participate in the program, and grant permission for said participation. On behalf of myself, my child, and our assigns, executors and heirs, I hereby release, discharge, covenant not to sue, and agree to indemnify and hold harmless Providence College, its trustees, officers, agents and employees from any and all liability, damage and claims of any nature arising from or in any way related to my child's participation in this program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under 18, parent signature required)

Emergency contact: \_\_\_\_\_ Emergency contact #: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**\*\*Each participant/parent must fill out this form and return with team application**