



7-A-SIDE ENHANCEMENT CLINIC

U'14/U'16: APRIL 10, 2011

U'19: MAY 1, 2011

**OPEN TO ALL HIGH SCHOOL TEAMS, CLUB TEAMS,
AND INDIVIDUALS WITHOUT A TEAM**

**GARBER FIELD
UNIVERSITY OF MASSACHUSETTS**

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**THE CLINIC WILL CONSIST OF EIGHT TEAMS FROM EACH AGE BRACKET
(U14, U16, U19)**

**REGISTRATION IS FIRST COME FIRST SERVE
WE ENCOURAGE YOU TO MAIL IN YOUR REGISTRATION FORM AND
DEPOSIT AS SOON AS POSSIBLE TO RESERVE YOUR SPOT**

**SEE REGISTRATION PAGE FOR ADDITIONAL INFORMATION ABOUT
INDIVIDUALS INTERESTED IN ATTENDING**



7-A-SIDE ENHANCEMENT CLINIC

APRIL 10, 2011

MAY 1, 2011

UNIVERSITY OF MASSACHUSETTS CLINIC WAIVER

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THE NAMED CAMPER _____ HAS MY PERMISSION TO PARTICIPATE IN THE **UMASS FIELD HOCKEY 7V7 ENHANCEMENT CLINIC** PROGRAM. IN CASE OF AN EMERGENCY, I UNDERSTAND THAT EVERY ATTEMPT WILL BE MADE TO CONTACT THE EMERGENCY CONTACT LISTED BELOW. IF CONTACT IS UNSUCCESSFUL, I GIVE PERMISSION FOR THE CERTIFIED ATHLETIC TRAINER ON DUTY TO RENDER MEDICAL TREATMENT TO THE PARTICIPANT, INCLUDING (IF NECESSARY) HOSPITALIZATION. ANY EXPENSE INCURRED IS THE RESPONSIBILITY OF THE PERSON SIGNING BELOW.

ALL REGISTRANTS MUST HAVE THEIR OWN PRIMARY MEDICAL INSURANCE. ANY MEDICAL COSTS AND EXPENSES WILL BE THE PRIMARY RESPONSIBILITY OF THE PARENT OR GUARDIAN'S MEDICAL COVERAGE.

EMERGENCY CONTACT: _____

EMERGENCY PHONE: _____

DATE: _____

INSURANCE COMPANY: _____

POLICY #: _____

SIGNATURE OF PARENT/GUARDIAN: _____