2017 BATES COLLEGE
FIELD HOCKEY
Fall Elite Clinic

YOU’RE INVITED TO COME TAKE PART IN A PERSONALIZED TRAINING SESSION THAT MIMICS WHAT OUR BOBCATS EXPERIENCE HERE AT BATES!

WHAT TO EXPECT:

• TWO SESSIONS OF FIELD HOCKEY
  - ONE SESSION OF SKILL DEVELOPMENT (9:30-12:00PM)
  - ONE SESSION OF COMPETITIVE GAME PLAY (1:15-3:00PM)

• PERSONALIZED INSTRUCTION FROM COACHES AND PLAYERS

• LUNCH IN OUR COMMONS DINING HALL WITH ATHLETES (12:00-1:00)

• CAMPUS TOUR (3:30-4:30PM)

• BOBCAT GEAR

REGISTER TODAY TO RESERVE YOUR SPOT!

COST $85
Bates Field Hockey
ELITE CLINIC REGISTRATION FORM
Sunday, October 1st
9:30AM – 3:00PM
3:30PM – 4:30PM Campus Tour
Registration at 9:00AM, Campus Ave. Field

NAME__________________________________________
ADDRESS____________________________________STATE______ZIPCODE______
HOME PHONE_________________________CELL PHONE________________________
HIGH SCHOOL_________________________YEAR OF GRADUATION______
GPA________SAT_________________________ACT_____________________
CLUB TEAM________________________________POSITION_________________
*EMAIL ADDRESS________________________T-SHIRT SIZE__________
*WE WILL CONFIRM YOUR REGISTRATION VIA EMAIL.

EMERGENCY CONTACT INFORMATION
NAME_________________________RELATIONSHIP________________
HOME PHONE_________________CELL PHONE____________________

PAYMENT INFORMATION
COST OF CLINIC: $85, PLEASE MAKE CHECKS OUT TO BATES FIELD HOCKEY
RETURN REGISTRATION AND WAIVER TO:
BATES FIELD HOCKEY
130 CENTRAL AVE
LEWISTON, ME 04240

QUESTIONS? PLEASE CONTACT KATIE FOST AT FIELDHOCKEY@BATES.EDU
I/We, the undersigned hereby certify that I (we) am (are) the parent(s) or legal guardian(s) of the camper. I hereby give permission for the staff of the clinic, during the period of the clinic, to seek appropriate medical attention for the camper, the medical attention to be given, and for the camper to receive medical attention in the even 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 _____________(camper) 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/or counselors, and that our child cannot receive individualized attention and supervision at all moments. 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 ________________ (camper’s physician), and he/she concurs that______________(camper) is fully capable of safely engaging in these activities. I/We also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he 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, whether or not damages, injury, or loss is due to negligence.

Signature of Parent/Guardian

Date