Field Hockey Clinic  
@ MIT  
June 30, 2018

For high school female student-athletes in graduating classes 2018 and 2019 who aspire to play collegiate field hockey. Players will be coached by college coaches in the fundamental skills and techniques needed to prepare them for the college game. The clinic is held on the Jack Barry Field on the Campus of MIT in Cambridge, MA.

Schedule – 9am to 4pm
The schedule for the Field Hockey Clinic Saturday June 30, 2018
8:30-8:50am  Check-in
9:00am  Welcome and Introductions
9:15am  Warm up on Field
9:30-11am  Field Hockey Skills Stations
   - Ball control/stick handling
   - Eliminations Skills
   - Pressure and tackle
   - Circle Play
11-11:45am  Small Games Strategy
11:45am  Warm down stretch
12-1:30pm  Lunch Break and Seminar
   “Preparing for the College Game – Recommendations for Summer Training”
1:30pm  Warm up
1:45pm  Game Play
3:45pm  Wrap-up

Coaching Staff
MIT Field Hockey Head Coach Cheryl Silva is the Clinic Director and will be coaching all players on the field at the clinic. A three-time National Field Hockey Coaches Association (NFHCA) New England East Region Coach of the Year and three-time NEWMAC Coach of the Year, Coach Silva enters her 28th season at the helm of MIT’s field hockey program. The all-time winningest coach in program history, Silva has compiled a ledger of 287-184-1 to go along with five NEWMAC titles and four trips to the NCAA Tournament, including an appearance in the 2011 quarterfinals. She will be joined by Assistant Coach Becca Shaw who has worked with the Engineers Goalkeepers for five years (Middlebury ’12), Julia Mauro, ODU ’07 a third year assistant and Sarah Fay who just finished her second season coaching and is an MIT Alum ’15 and former player.

Cost - The field hockey clinic cost is $130.00 Full refunds less a $25.00 administrative fee are available until June 9. No refunds can be provided for withdrawals after June 9. Space is limited to 50 or fewer participants.

Registration - To register for the field hockey clinic @ MIT on June 30, 2018 at MIT please click on [http://mitathletics.com/information/Field_Hockey_Clinic_18_Registration.pdf](http://mitathletics.com/information/Field_Hockey_Clinic_18_Registration.pdf) or email Cheryl Silva at SilvaSportsEnterprises@gmail.com for a registration packet.

The Field Hockey Clinic is open to any and all entrants, limited only by number, age, grade level and/or gender.
Field Hockey Clinic @ MIT
Jack Barry Field
June 30, 2018 9am-4pm

All participants must provide their own sticks, mouth guards, shin guards and goalkeeping equipment if you are a goalkeeper. Jack Barry Field is an artificial surface so turf shoes are recommended.

Registration – please complete the information below and return with your Medical Information Sheet and the SilvaSportsEnterprises LLC Waiver.

All forms can be scanned and emailed to Silvasportsenterprises@gmail.com or mailed to the address below.

First name: Last name:
Email: Cell Phone:
Mailing Address:
High School: Check Year of graduation: 2018 2019
Position:
SAT I Math score
SAT II Math: SAT II Science:
ACT Math: ACT Science:
Shirts size (S, M, L, XL):

Cost is $130.00 and includes a reversible jersey, backsack and hockey ball. Checks should be made out to SilvaSportsEnterprises, LLC and mailed to:

Silva Sports Enterprises, LLC 26 Englewood Rd. Gloucester, MA 01930-5216

If you have any questions, please contact Cheryl Silva at 617-990-7484 or email SilvasportsEnterprises@gmail.com A confirmation email will be sent when check is received.

Confirmation email address:
Field Hockey Clinic @ MIT Medical and Emergency Contact Information

Participant’s Name:

Email: 

Age as of 1/1/17:

Street Address: 

State: 

Zip Code:

Cell Phone:

Parent/Guardian Information

Name of Parent/Guardian:

Parent/Guardian Cell Phone:

Parent/Guardian Email Address:

Medical & Emergency Contact Information:

Emergency Contact 1 if parent/guardian is unavailable

Name: 

Primary Phone Number:

Relation to participant:

Emergency Contact 2

Name: 

Primary Phone Number:

Relation to Participant:

Name of Physician:

Physician Phone Number:

Date of last Tetanus shot:

List of Current Medications: (Write “none” if not applicable):

List of any medication you are bringing to the Clinic:

Does the participant need Clinic staff to store and/or dispense medications? Yes: No:

If yes, please provide specific instructions:

List of Allergies (Write: none” if not applicable):

Insurance Policy Number/Group Insurance Provider Number:

Name of Primary Subscriber & Relation to Participant:

Medical Treatment Consent:

In case of emergency, if a parent or guardian cannot be reached, I hereby grant permission for the MIT Medical Department or local emergency department to provide urgent medical treatment for my child, including sutures and X-rays, if necessary.

Signature of Parent/Guardian________________________________________________________ Date__________________
This is a legally binding Liability Release, Waiver, Discharge and Covenant Not to Sue (collectively, “Release”), made voluntarily by me, the undersigned Releasor, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns (hereinafter collectively, “Releasor,” “I” or “me”, which terms shall also include Releasor’s parents or guardian, if Releasor is under 18 years of age) to SilvaSportsEnterprises LLC.

As the undersigned Releasor, I fully recognize that there are dangers and risks to which I may be exposed as a result of participation in activities of the Field Hockey Clinic ("Clinic"). As the undersigned Releasor, I understand that SilvaSportsEnterprises LLC does not require me to participate in this clinic, but I want to do so despite the possible dangers and risks and despite this Release. With informed consent, and for valuable consideration received, including assistance provided by Silva Sports Enterprises LLC, as the undersigned Releasor, I agree to assume and take on myself all of the risks and responsibilities in any way arising from, or associated with, this Academy, and I release SilvaSportsEnterprises LLC and all of their respective affiliates, departments, employees, agents, and contractors (collectively “Releasees”), from any and all claims, demands, suits, judgments, damages, actions and liabilities, of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that I may suffer at any time arising from or in connection with the activities from this Clinic, including any injury or harm to me, my death, or damage to my property (collectively “Liabilities”), and I agree to defend, indemnify, and save Releasees harmless from and against any and all liabilities.

As the undersigned Releasor, I recognize that this Release means I am giving up, among other things, all rights to sue Releasees for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, legal representatives and assigns, as well as myself. I also affirm that I have adequate medical or health insurance to cover any medical assistance I may require. I agree that this Release shall be governed for all purposes by Massachusetts’s law, without regard to such law on choice of law.

I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be legally bound by the Release.

**THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY AND UNDERSTAND BEFORE SIGNING.**

Releasor’s Signature:

If Releasor is under 18 years of age – Parent/Guardian’s Signature is required:

Print Name of Guardian:

Date: