



# BABSON COLLEGE FIELD HOCKEY CLINIC

Saturday April 10th, 2010

8:00 - 11:00am

CLINIC & JUNIOR RECRUIT DAY - Clinic Open to Ages 12-18

## SCHEDULE

7:45-8am	Registration @ MacDowell Field
8:00-8:45am	Skill Development
8:45-10:45am	Play/Small Games
10:45-11am	Cool down & stretch
11-11:30am	Juniors Q&A with current team
11:30am	Juniors – Campus Tour with players

## DIRECTIONS

- Visit [www.babson.edu](http://www.babson.edu) for directions to MacDowell Field.
- Brochure available online at [www.babsonathletics.com](http://www.babsonathletics.com).

*Please Note:*

All sessions will be conducted on the **astro turf field**. Athletes **MUST** have appropriate turf shoes or cross trainer sneakers for each session.

## APPLICATION

All applications & waivers must be received by  
**April 2, 2010**

in order to secure a spot for the clinic.

Full payment must be included.

**COST PER PLAYER: \$40.00**

### Payable to Babson College

Babson Field Hockey Clinic  
c/o Julie Ryan, Head Coach  
Webster Center  
Babson Park, MA 02457

PLEASE PRINT CLEARLY!!!!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Grade (as of 4/09): \_\_\_\_\_

School: \_\_\_\_\_

Position (s): \_\_\_\_\_

### **JUNIORS ONLY – Please check all that apply:**

I will attend the Q & A session w/the team \_\_\_\_\_

I will attend the Campus Tour at 11:30am \_\_\_\_\_

## PARTICIPATION WAIVER

The named participant has my permission to participate in the clinic program. In case of an emergency, I understand every attempt will be made to contact the emergency contact listed below. If the contact is unsuccessful, I give permission to the attending athletic trainer to render medical treatment to the participant, including if necessary hospitalization. Any expense arising from injury or illness is the responsibility of the person signing below.

Signature: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### **QUESTIONS?**

Contact Head Coach Julie Ryan  
(781) 239-5342  
[Jryan5@babson.edu](mailto:Jryan5@babson.edu)

Return the bottom portion of this form & non-refundable payment to:

Julie Ryan  
Babson Field Hockey Clinic  
Webster Center  
Babson Park, MA 02457