

Field Hockey Clinic at William & Mary!! GOALKEEPING & SHOOTING SKILLS

WHEN: SATURDAY. 27th MARCH, 2010

TIME: 4 p.m. - 6 p.m. CHECK IN BEGINS AT 3:30 PM
Immediately following the W&M Field Hockey Spring Scrimmage Day (9AM-3:30PM)
Featuring VCU, ODU, JMU, AU, UR & W&M

WHERE: W&M BUSCH FIELD - William & Mary Campus
600 Brooks Street, Williamsburg, VA

FEE: \$40.00 per individual, Team Fee: (6 players or more) \$30.00 per player. Coaches: \$40.00

*This two-hour clinic is open to all field players, GKs and coaches who want to improve their game!
Emphasis is on goal scoring, small games play and goal keeping skills.
The W&M coaching staff will direct the clinic with W&M players assisting.*

**The Clinic is limited to 12 goalies and 60 field players. Reserve your spot by
emailing the information below to pshawt@wm.edu. Pay at the field.
Make Checks Payable to RAD Field Hockey.**

ALL PLAYERS MUST PRESENT THE SIGNED MEDICAL FORM AND PAYMENT AT CHECK-IN.
MOUTHGUARDS & SHINGUARDS REQUIRED. GKs BRING OWN EQUIPMENT

Inclement Weather/Phone reservations – call 757-221-3390
Partial Proceeds from this clinic will benefit the W&M FH Fund Raiser for The Cure

2010 GOALKEEPING & SHOOTING SKILLS CLINIC

at William & Mary Registration and medical form

First Name _____ Last _____ T-shirt size: _____

Parent/Guardian Name _____

Parent/Guardian Cell (____) _____ Home: (____) _____

Address _____

City/State/Zip _____

Campers Cell (____) _____

Primary Contact Email _____

School _____

Age @ Camp _____ Graduation Yr. _____

Position _____ GK: YES (please circle)

Playing Level V JV Mid School Beg Yrs Played. _____

I hereby give permission for my child to be medically treated for injuries or illness during participation in this field hockey clinic. I also acknowledge that the camper above is healthy and has no physical problems that would prevent participation in the camp. Primary insurance coverage rests with the camper, parents and or guardian.

Insurance Co.: _____ POLICY # _____

Medical Concerns _____

Allergies _____

Signed _____

Date _____ (must be signed by parent or guardian if under 18)

OFFICE USE ONLY: CHECKED IN ____ PAID ____