

IMPACT FIELD HOCKEY

SHOOTING AND GOALKEEPING CLINIC

This clinic is designed to teach each player proper shooting technique for various types of shots through practice, repetition, demonstration, and correction. You will have the opportunity to get the hands on teaching and repetition you need to improve your technique and scoring ability. Goalkeepers will have the opportunity to train technique and get a ton of repetition saving a variety of shots.

DATE: JUNE 1, 2015

TIME: 5:30-8:30 PM

COST: \$75.00

LOCATION: DREW UNIVERSITY, Ranger Stadium

36 Madison Avenue, Madison, NJ 07940

This program is open to any and all participants



Name: _____ Age: _____ D.O.B.: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Club Team: _____ USFHA Membership: _____

Graduation Year: _____ Position: Field Player or Goalkeeper

Location: DREW UNIVERSITY

Cost: \$75.00

Deadline: 5/25/2015

Checks payable to: IMPACT

Send to: 65 Brookside Terrace, North Caldwell, NJ 07006

Questions: Contact Felicia Cappabianca at impactfh@live.com or 617-797-7393. Checks are non-refundable.

IMPACT FIELD HOCKEY CLUB

2015 MEDICAL WAIVER AND RELEASE FORM

In consideration of and through my involvement in the IMPACT Spring Clinic and Training sessions held at Drew University, I (and on behalf of my minor child) acknowledge and agree that I risk bodily injury, including paralysis, dismemberment, and death, as well as loss or damage to property. I knowingly and freely assume all such risks and release, hold harmless and promise not to sue IMPACT Club, Drew University, the staff, officials, agents, and/or employees with respect to any and all such injury, paralysis, dismemberment, and death as well as loss or damage. I certify that the applicant is covered by our family medical insurance program and no one associated with the IMPACT Spring Training sessions nor Drew University will be responsible and will not provide payment of any medical, dental, hospital or laboratory fees due to injury incurred while participating in this clinic. I (and on behalf of my minor child) certify that in the event of injury or illness during my participation at the IMPACT Spring Training sessions at Drew University I am responsible for all costs. In addition, I (and on behalf of my minor child) do hereby grant permission for duly authorized medical treatment by certified professionals to be administered to me (and/or my minor child) in the event of injury or illness during my participation.

Name of Athlete:

Athlete's Signature:

Date:

Name of Parent/Guardian:

Parent/Guardian Signature:

Date:

Emergency Contact Name:

Emergency Phone:

Health/Medical Insurance Company:

Identification/Group Number:

***THIS FORM MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO
PARTICIPATE WITH IMPACT FIELD HOCKEY CLUB AT DREW
UNIVERSITY***