

# IMPACT FIELD HOCKEY

## 2015 SPRING TRAINING

Each practice will be committed to individual player development. We will teach and emphasize basic fundamentals as well as elite skills needed to compete at the highest level. There will be a focus on technical and tactical concepts of the game. Most sessions will finish with small game play and scrimmages.

**DATES:** 5/5, 5/6, 5/7, 5/12, 5/13, 5/14,  
5/19, 5/20, 5/21, 5/26, 5/27, 5/28

**TIME:** 6:00-8:00 PM

**LOCATION:** Drew University  
36 Madison Avenue, Madison, NJ 07940  
Ranger Stadium Turf Field

**COST:** \$520.00

Checks made payable to IMPACT  
Mail application and check to: 65 Brookside Terrace, North Caldwell, NJ 07006  
Checks are non-refundable.

This program is open to any and all participants.

[www.newjerseyfieldhockeyacademy.com](http://www.newjerseyfieldhockeyacademy.com)

Name: \_\_\_\_\_ USFHA Membership: \_\_\_\_\_

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

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

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ Club: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Felicia Cappabianca at [impactfh@live.com](mailto:impactfh@live.com) or 617-797-7393  
Please return this application with payment by May 1, 2015

# 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***