The Haverford College field hockey coaching staff would like to invite you to our spring prospect clinic. You will receive quality instruction from the coaching staff and the opportunity to play with other recruits interested in Haverford College. Take the time to further develop your skill in small group settings.

Haverford College Field Hockey Prospect Clinic
Saturday, April 20 2019
(12:00 P.M. - 2:00 P.M.)

WHERE: Haverford College, Swan Turf Field
WHO: Open to all 8th-11th Graders
COST: $50
DEADLINE TO REGISTER: April 10th
CLINIC FOCUS: Skill development and small sided games
Haverford College Field Hockey Prospect Clinic  
Saturday, April 20, 2019  
12:00-2:00 P.M.

WHAT TO BRING: Turfs/Cleats, Sneakers, Shin Guards, Mouth Guard, Stick, Water Bottle

MAKE $50 CHECK PAYABLE TO: Haverford College Field Hockey

QUESTIONS CONTACT: Jackie Cox - jcox@haverford.edu - (610) 896-7013

MAIL CHECK, REGISTRATION FORM & SIGNED WAIVER TO:
Jackie Cox, Head Field Hockey Coach  
Haverford College  
370 Lancaster Avenue  
Haverford, PA 19041

Name: _____________________________________________________________

Age: ___________ D.O.B.: ______________ Graduating Year: _______ Position__________

High School: __________________________________________________________

Address: _______________________________________________________________________

City: __________________________ State: ___________ Zip: _____________________________

Home Phone: _____________________ Cell Phone: _________________________________

Email: ___________________________ Parent’s Email: _______________________________

Parent(s)/Guardian(s): _________________________________________________________

Insurance Carrier: __________________ Group#: __________________ Policy#: _______________

Emergency Contact name/phone number: __________________________________________
HAVERFORD COLLEGE ATHLETIC DEPARTMENT SPORTS CAMPS & CLINICS

ASSUMPTION OF THE RISK, WAIVER, AND RELEASE AGREEMENT

Name of Participant: _________________________  Name of Sports Camp/Clinic: _________________________

Dates of Sports Camp/Clinic: _________________________

In consideration of Haverford College’s acceptance of Participant into the above Sports Camp/Clinic, and intending to be legally bound, Participant (and his/her parents and/or legal guardians if Participant is under the age of 18 years old) agree as follows:

It is agreed that all risks attendant to watching and/or participating in camp or clinic activities, including, but not limited to bodily injury and ailments resulting from high heat or humidity, are assumed by Participant and that this assumption is acknowledged, approved, and agreed to by Participant as indicated by the signature(s) hereto.

Participant certifies that s/he is physically able to participate in the above camp or clinic and knows of no physical impairments or conditions which would in any manner limit his/her participation in such a program. Participant hereby grants permission for the College, including its employees and contractors, as well as athletic trainers, physicians, dentists, and other licensed health care providers and their designees, to secure transportation for the provision of emergency medical treatment to Participant; to administer outpatient medical, surgical, or dental services, as necessary; to administer antigens or other injections, as necessary; to provide emergency medical services; and/or to refer Participant to other duly licensed medical personnel.

Further, Participant, for his/her self, heirs, executors, administrators, and assigns, does hereby release and forever discharge Haverford College, including its managers, administrators, employees, agents, students, and volunteers, from any claims that Participant might have with regard to damages, demands, or any actions whatsoever, including those based on negligence or failure to supervise, in any manner arising out of Participant’s participation in the camp or clinic. Participant also agrees to save, hold harmless, and indemnify Haverford College, including its managers, administrators, employees, agents, students, and volunteers, against any and all claims, including for costs and attorneys’ fees, resulting from his/her participation in the camp or clinic.

By signing this Agreement, Participant is giving up, among other things, any and all rights Participant may have to sue Haverford College for injuries, damages or losses resulting from participation in the camp or clinic.

Participant understands that the terms of this Agreement shall be construed in accordance with the laws of the Commonwealth of Pennsylvania, and that if any portion of the Agreement is declared invalid, the remainder of this Agreement shall remain binding and enforceable. Participant further agrees that this document constitutes the entire Agreement between the parties as to the subject matter herein, and that any oral representations, statements or inducements not specifically contained in this Agreement shall not be considered part of it.

_________________________________________
Name of Participant (typed or printed)

_________________________________________  ______________________________
Signature of Participant                    Date

_________________________________________  ______________________________
Signature of Parent/Guardian      Date
(if Participant is under age 18)