Prospective student-athlete junior day is a great opportunity to learn about our field hockey program, meet with current players, tour campus, and learn what Haverford and our program have to offer. The clinic will provide a great opportunity for field players and goalies to train under the Haverford College field hockey coaching staff.

PROSPECTIVE STUDENT-ATHLETE JUNIOR DAY & CLINIC
SATURDAY, APRIL 6 2019
(9:00 A.M. - 4 P.M.)

WHERE: Haverford College
WHO: Open to all high school juniors
COST: $75
DEADLINE TO REGISTER: March 26, 2019
Haverford College Field Hockey  
Junior Day & Clinic  
Saturday, April 6, 2019

**SCHEDULE**
8:45 A.M.: Check In, GIAC Lobby  
9:15 A.M.: Admissions Presentation  
9:45 A.M.: Faculty Presentation  
10:30 A.M.: Recruiting Presentation  
11:30 A.M.: Clinic  
1:45 P.M.: Lunch in Dining Center  
2:15 P.M.: Player Panel  
3:00 P.M.: Campus Tour

**WHAT TO BRING:** Turfs, Shin Guards, Mouth Guard, Stick, Water Bottle  
(bring sneakers in case of inclement weather)

**MAKE $75 CHECK PAYABLE TO:** Haverford College Field Hockey

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

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

Due by March 26, 2019  
No refunds will be honored after March 27, 2019

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)