2020 F&M FIELD HOCKEY SPRING CLINIC
APRIL 19th, 10:00 AM – 3:00 PM
Grades 9 – 12

Cost: $75 (lunch and t-shirt included)
10:00 AM – 1:00 PM – Coached by F&M Staff and Student Athletes
  ❖ Skill Development and Station Work
  ❖ Small Games/Situational Drills
  ❖ Game Play
1:15 PM – Lunch on Campus
2:00 PM – Information Session (optional)

PLAYER REGISTRATION:

Player Name: ________________________________________ Grad Year: ____________
High School: ____________________________ Club Team: __________________________
Address: __________________________ State: _______ Zip Code: ________________
Player Cell #:__________________________ Player Email: _________________________
Primary Position: ______________________ Secondary Position: _________________
T-Shirt Size (please circle): S  M  L  XL

Any questions? Contact Coach Eager at khamilt1@fandm.edu
Please send Registration Form, Waiver Form, and Check by April 1st to:
Kaitlyn Eager – F&M Head Field Hockey Coach
P.O. Box 3003
Lancaster, PA 17604

Cost: $75/Checks made payable to: F&M Field Hockey
Print Student’s Name: _______________________________   Grade:  ________

Program Name: Franklin & Marshall College Field Hockey Spring Clinic

Program Dates: April 19th, 2020

Program Description: Franklin & Marshall College’s Field Hockey Spring clinic is a prospect clinic for high school students in grades 9-12. The clinic will consist of drills and game play.

There are certain inherent risks involved in these activities, and there are safety and conduct requirements for all participants. Your child’s participation is voluntary. If you choose to permit your child to participate, here are some of the risks:

- The activities will involve physical exertion.
- The activities will be held outside on Tylus Field.

By signing below, you state and affirm the following:

- I fully understand and acknowledge the inherent risks and dangers of this activity.
- I understand that it is my responsibility to ensure my child follows all safety precautions and procedures.
- I understand that my child participating in these activities and using the equipment may result in illness, injury, death, or damage to personal property. These risks and dangers may be caused by other participants, or by accidents, or by the forces of nature or other causes.
- I understand my child must be in good physical condition to participate.
- I understand that if my child is unable to participate in any activity, I can choose that my child not participate.
- I have medical insurance that will cover my child throughout the activity. I understand that the College will not pay for any medical expenses and will not pay for any damaged, stolen or lost personal property.
- I grant permission for my child to be given emergency treatment by staff, volunteers or first responders, should a situation arise where emergency treatment is deemed necessary.
- Franklin & Marshall College can refuse to allow my child’s participation in any event or activity.
Waiver and Release of Liability

I, on behalf of my child and myself, my spouse/partner, my personal representatives, executors and heirs, release and agree to defend and hold harmless

Franklin & Marshall College, including its members, trustees, students, officers, employees, instructors and agents from any and all injuries, losses or liabilities resulting from my involvement or participation in this program to the fullest extent permitted by law. This Waiver and Release of Liability Agreement shall include, but not be limited to, all injuries, losses or liabilities of whatever nature incurred or sustained to my property or my child. This Waiver and Release of Liability Agreement constitutes the entire agreement of the parties and shall be binding on my heirs, successors, assigns and administrators and executors.

I HAVE READ THE ABOVE, UNDERSTOOD IT, AND BY SIGNING IT AGREE TO ITS TERMS. I ACKNOWLEDGE THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE WAIVER AND ITS TERMS AND HAVE BEEN AFFORDED THE OPPORTUNITY TO CONSULT MY OWN COUNSEL WITH REGARD TO ITS TERMS, ITS SCOPE AND ITS MEANING. I AFFIRM THAT I AM A LEGAL ADULT.

I verify that my child has my permission to participate in this program.

_________________________________   _________________
Parent/Guardian Signature     Date

Medical Information & Emergency Contacts

First Emergency Contact Name: ____________________________________________________________

Day Phone: _____________   Evening Phone: _______________   Cell Phone: ________________

Significant Medical History we should be aware: ____________________________________________

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

____________________________________________________________________________________
____________________________________________________________________________________

____________________________________________________________________________________