WILLIAMS COLLEGE
2018 FALL FIELD HOCKEY CLINIC

Sunday, October 7, 2018
10AM-4PM

*Open to any High School Student-Athlete

**Clinic Info:**
Our goal of the clinic is to expose participants to the Williams College Field Hockey Program. Participants will be shown typical training and competing methods taught by the Williams College Field Hockey Staff. This is an excellent way for participants to also get a glimpse of the student-athlete experience at a NESCAC Division III school.
Cost:
$145 (includes a day of training and instruction as well as lunch)

*To enroll, please return the registration form below with a non-refundable check for $145 made payable to Purple Valley.

Mail to:
Alix Barrale
Williams College Field Hockey
22 Spring Street
Williamstown, MA 01267

Schedule:
9:45AM: Registration at Williamson Field (click for campus map)
10AM-1PM: Session I
1PM: Lunch
2PM-4PM: Session II

Equipment:
Please bring your field hockey stick, mouthguard, shin guards, turf shoes/cleats, and water bottle.
Registration Form

Name:_________________________________________________________
Grad Year:_____________ Email:____________________________________
Address:________________________________________________________________
Parent/Guardian:________________________________________________________________
Work #:__________________ Cell #:_____________________
Email:_____________________________________________________
Insurance Carrier:_____________________________________________________
Name of High School:________________________________________________________________
Coach:________________________ Phone Number:_____________
Name of Club:_________________________________________________________________
Coach:________________________ Phone Number:_____________
Primary Position:______________ Secondary Position:____________

RELEASE OF LIABILITY/ACKNOWLEDGEMENT

Upon entering events sponsored by Purple Valley Camps Corp. I/we agree to abide by the rules of Purple Valley Camps Corp. I/we understand and appreciate the participation or observation of the sport constitutes to me/us the possibility of serious injury, including permanent paralysis or death. I/we voluntarily and knowingly recognize, accept, and assume the risk and release Purple Valley Camps Corp. and its staff from any liability therefore.

____________________________
Participant Signature

____________________________
Parent/Guardian Signature