WILLIAMS FIELD HOCKEY FALL CLINIC

Sunday, October 13th, 2019
10am–4pm
Clinic Info:

The goal of each clinic is to expose participants to the Williams College Field Hockey Program. Participants will be shown the 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 Division III NESCAC 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 Alix Barrale.

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

Schedule:

9:45AM: Registration at Williamson Field (clinic for campus map)
10AM-1PM: Session I
1PM: Campus Tour/Lunch
2PM-4PM: Session II
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 Alix Barrale, I/we agree to abide by the rules of Alix Barrale. 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 Alix Barrale and her staff from any liability therefore.

_________________________________________
Participant Signature

_________________________________________
Parent/Guardian Signature