2019 BATES COLLEGE
FIELD HOCKEY
Spring Elite Clinic

YOU’RE INVITED TO COME TAKE PART IN A
PERSONALIZED TRAINING SESSION THAT MIMICS WHAT
OUR BOBCATS EXPERIENCE HERE AT BATES!

WHAT TO EXPECT:

• TWO SESSIONS OF FIELD HOCKEY
  - ONE SESSION OF SKILL DEVELOPMENT (10:00-12:00PM)
  - ONE SESSION OF COMPETITIVE GAME PLAY (1:00-3:00PM)

• PERSONALIZED INSTRUCTION FROM COACHES AND PLAYERS

• LUNCH IN OUR COMMONS DINING HALL WITH ATHLETES (12:00-1:00)

• Tour and information session with Bates Admissions following the clinic (3:30pm)

REGISTER TODAY TO RESERVE YOUR SPOT!
COST $75
Bates Field Hockey
ELITE CLINIC REGISTRATION FORM
Sunday, April 28th
10:00AM – 3:00PM
3:30 - 4:30 Campus Tour and Information Session
Registration at 9:30AM, Campus Ave Turf

NAME____________________________________________________________________
ADDRESS____________________________________STATE______ZIPCODE_________
HOME PHONE_________________________CELL PHONE________________________
HIGH SCHOOL_______________________________YEAR OF GRADUATION_______
GPA_________SAT______________________________ACT__________________
CLUB TEAM_________________________________POSITION_________________

*EMAIL ADDRESS______________________________T-SHIRT SIZE________

*WE WILL CONFIRM YOUR REGISTRATION VIA EMAIL.

EMERGENCY CONTACT INFORMATION
NAME___________________________________RELATIONSHIP__________________
HOME PHONE___________________________CELL PHONE______________________

PAYMENT INFORMATION
COST OF CLINIC: $75, PLEASE MAKE CHECKS OUT TO BATES FIELD HOCKEY

RETURN REGISTRATION AND WAIVER TO:
BATES FIELD HOCKEY
130 CENTRAL AVE
LEWISTON, ME 04240

QUESTIONS? PLEASE CONTACT KATHERINE BOWIE AT KBOWIE@BATES.EDU
I/We, the undersigned hereby certify that I (we) am (are) the parent(s) or legal guardian(s) of the camper. I hereby give permission for the staff of the clinic, during the period of the clinic, to seek appropriate medical attention for the camper, the medical attention to be given, and for the camper to receive medical attention in the even of accident, injury, or illness. I will be responsible for any and all of the costs of medical attention and treatment and have medical insurance to cover these costs. I/We, the undersigned, for ourselves and as guardian(s) of ______________(camper) understand that field hockey is an active, physical sport, and that injuries can take place during play. I/We also understand there will be a number of children attending clinic, there will be a limited number of coaches and/or counselors, and that our child cannot receive individualized attention and supervision at all moments. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in field hockey activities. I/We, represent that I/We have sought the opinion of our child’s physician _______________ (camper’s physician), and he/she concurs that_______________(camper) is fully capable of safely engaging in these activities. I/We also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he is able to engage in such sport. I/We, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge Bates College field hockey Clinic its staff, officers, agents, employees representatives, successors and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in clinic activities, whether or not damages, injury, or loss is due to negligence.

Signature of Parent/Guardian          Date