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# NORTHWESTERN

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## FIELD HOCKEY

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### 2010 Clinic Series

**Jan. 22, Jan. 29, Feb. 5, Feb. 26**

**7:00 – 8:15 PM**

**Patten Gym (On Corner of Sheridan and Lincoln in Evanston)**



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#### CLINIC #1 & 4

#### SMALL GAMES

Friday, January 22 & Friday February 26

This clinic will be devoted exclusively to small game situations. The athletes will compete in various small games with emphasis on small space tactics

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#### CLINIC #2

#### BASIC AND ADVANCED SKILLS

Friday, January 29

This clinic will focus on teaching and fine tuning basic skill as well as exposing the athletes to advanced techniques. Areas covered will be: passing, receiving, dribbling, shooting, and goalkeeping.

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#### CLINIC #3

#### SHOOTING AND ATTACK SKILLS

Friday, February 5

Emphasis will be given to basic and advanced shooting skills, as well as attack fundamentals. Instruction will focus on technique and exposure to a variety of shooting skills.

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- \* The Clinics are open to any and all registrant's aged 9<sup>th</sup> grade or higher
  - \* Each Clinic will be \$40 and run 1 hour and 15 minutes
  - \* Each clinic will be limited to 40 players due to space
  - \* Players may pay at the door
  - \* The Clinics are recommended for players who wish to play in college
  - \* The Clinic will be canceled if less than 10 participants
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Name:

Email:

Phone #:

School and Grade:

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Make Checks Payable To: NIner Sports

Send To: Northwestern Field Hockey

Attn: April Fronzoni

1501 Central Street

Evanston, IL 60201

Questions email [a-fronzoni@northwestern.edu](mailto:a-fronzoni@northwestern.edu)

## **Insurance Information:**

Policy Holder \_\_\_\_\_ SSN: \_\_\_\_\_

Policy Holder DOB \_\_\_\_\_ Relation to camper: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Claim office phone: \_\_\_\_\_

Name of group employer: \_\_\_\_\_

Claim office address: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ ID # \_\_\_\_\_

Policy Holder Signature: \_\_\_\_\_

## **Medical Release:**

My daughter, \_\_\_\_\_, is enrolling in a Northwestern Field Hockey Clinic. My child's physical condition in no way should limit or hinder participation in clinic activities, other than noted above. During the time my child is at your camp, if any emergency arises involving the well being of my child, I give you full permission and authority to take such steps as are reasonable and necessary, in your own judgment, to protect and assist my child, and I release you from all responsibility for such action. I agree that I will pay any hospital expenses, doctor bills or any other expenses that may be incurred as a result of treatment given to my child for illness or injury, while attending your camp. I make this statement and commitment as consideration for your allowing my child to be enrolled in your camp and to take part in all activities. Finally, I and my successors, heirs, assigns, and executors agree to save and hold harmless Northwestern University, including their staff of coaches, managers, officers, and directors from any and all claims of loss or damage from any injury, illness, or other condition from any cause arising from my child's participation in Northwestern Field Hockey event.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_