



SPRING FIELD HOCKEY CLINIC

Clinic is geared toward anyone who wants to improve their skills and knowledge of the game. Program will review basic fundamental skills as well as move on to advanced level skills. Skill development and coached scrimmage play each evening.

Directors: Lori Hussong, Head Coach, Rider University
Dan Hussong, Assistant Coach Rider University: Goalkeeping Specialist
Current and Former Players

Eligibility: Any Field Player or Goalkeeper in Grades 6-12
When: May 18, 23, 25 June 1, 6, 8

Where: Ben Cohen Turf Field at Rider University

Time: 6:45 pm-8:45 pm

What to Bring: Goggles optional, mouth guard, shin guards, stick and water
Goalies need to provide own equipment

Pre-Register By Emailing Form to lhussong@rider.edu to reserve your spot and send check to
Rider Field Hockey– Lori Hussong
2083 Lawrenceville Road
Lawrenceville, NJ 08648

Please make checks payable to Rider Field Hockey

Register by 5/14 /2017 Cost: \$140

Walk up Registration - \$160 paid the first day of Session CASH ONLY

Name _____ Grade _____ Position _____

Address _____ City _____ State _____ Zip _____

Emergency Contact Name and Phone # _____

School _____ Years of Experience: _____

Parent E-mail REQUIRED _____

PARENT AUTHORIZATION

To the best of my knowledge, the above history is correct and complete. I know of no reason to restrict my daughter _____'s activity at the Rider University Spring Field Hockey Clinic at Rider University. She can participate in all activities except as specifically noted herein. In the event of an EMERGENCY, I hereby give permission to the physician selected by the camp directors or first aid personnel to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery for my daughter.

Parent Signature _____ Date _____

Parents/Legal Guardian Authorization:

The undersigned student, parent or legal guardian of _____, the applicant/camper, for and in consideration of Rider University Field Hockey Clinic at Rider University accepting said applicant, hereby agrees to save and indemnify and keep harmless the said Rider University Field Hockey Team and its agents, it's staff and sponsors, against any and all liability claims, judgments or demands for damages arising as a result of injuries sustained by the applicant while participating during any Rider University Spring Field Hockey Clinic session at Rider University. I give my daughter permission to participate without goggles _____ (parent's initials required)

Date: _____ Parents/Legal Guardian signature: _____