

Nashoba Field Hockey Clinic

Grades 1-8

August 14-16 9:00am - 12:00pm
at Nashoba Regional High School
on the Stadium Turf Field

Cost: 3 Days: \$85.00 M T W per player before Aug 1st/ \$95 after Aug 1st
2 Days: \$65.00 M T W
1 Day : \$35.00 M T W

Checks should be made payable to Nashoba Athletics Booster Club (NABC)
Send registration to: Jaime Mariani, 18 Country Club Road, Sterling, MA 01564 JMariani@nrsd.net

Clinic Staff:

- Jaime Mariani, NRHS Varsity Field Hockey Coach
- Ashley Wing, NRHS Junior Varsity Field Hockey Coach
- Experienced NRHS Varsity and Junior Varsity Players

2014 & 2015 Division 1 Central Mass Sectional Champions 2016 Division 1 Central Finalists*

Players of Every Ability Level Welcome

Players must provide their own equipment (goggles, stick, mouth guard, snack & water required).

Name: _____ Age: _____ Grade (in Fall): _____

Address: _____ Phone: _____

City, State, Zip: _____

Email address: _____

Tshirt size (circle one) Youth S Youth M Youth L Adult S Adult M Adult L

Medical Concerns/Allergies: _____

In case of emergency, notify (name/#): _____

(Name of participant) is physically fit to participate in the activities of the Nashoba Field Hockey Clinic. In the event of any medical emergency where representatives of the camp are unable to contact a parent or guardian of the above participant, I authorize the camp personnel to act in my child's best interest and render any necessary treatment, including hospitalization if necessary. I understand that the Nashoba Field Hockey Clinic does not provide medical insurance for participants. In consideration for the athlete's participation in and enjoyment of the Chieftain Field Hockey Camp, instruction and facilities, I waive, release and forever discharge the clinic, its coaches, directors, agents, promoters, and employees, Nashoba Regional HS and the town of Bolton, its officers, directors, agents, promoters, and employees from any responsibility from any and all liability, claim, loss, rights of action, or for accidents and medical or dental expenses present or future, anticipated or unanticipated, resulting from or arising out of or in incident to participation in this clinic. I waive and release Nashoba Field Hockey Clinic and the town of Bolton and Nashoba Regional HS from any responsibility for possessions lost or damaged by weather, water, fire, theft or personal negligence or any injury or illness incurred while at the clinic or traveling to and from any clinic activity.

Signature: _____ Date: _____

Insurance Company: _____ Policy #: _____