



## Field Hockey Clinic

**April 8, 2017**

**10 AM - 12 PM**

**Alumni Field**

**All Players Grades 1-12 Welcome!**

**Grades 9-12: \$30**

**Grades 8 and below: \$20**

**Space is limited – please RSVP today at (413) 579-6330 or  
jbergen@westfield.ma.edu**

Please mail a nonrefundable check for the amount above made payable to  
“Westfield State Field Hockey”, to **Jessica Bergen, Westfield State Field  
Hockey, PO BOX 1630, Westfield, MA 01086**

**To register, please complete the information below:**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Class Year: \_\_\_\_\_

Position: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

In Case of Emergency Please Contact (Name & Phone Number):  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medical conditions or other issues that the director should be made aware of (i. e., Asthma): \_\_\_\_\_

I hereby state that my son/daughter is in good physical health and may participate in the Westfield State University Field Hockey Clinic coached by the field hockey team. Westfield State University, the field hockey team, its members, and coaching staff accept no liability for accident and/or injuries incurred as a result of participation in this activity. I also give my permission to a member of the field hockey clinic staff, in case of emergency, to allow my son/daughter to be treated in the hospital emergency room.

\_\_\_\_\_  
Parent/Guardian Signature

