



**Cabrini Field Hockey
2017 Prospect Day
Sunday, April 9, 2017
Grade 9-12
9AM – 12 PM
Cost: \$50/ player**

The Cabrini Field Hockey Team welcomes high school field hockey players grades 9-12 to our 2017 Prospect Day. The clinic will provide quality instruction and exposure for both field players and goalkeepers. Cabrini Field Hockey coaches as well as other area coaches will staff the clinic. We welcome any player with interest in learning more about the Cabrini Field Hockey Team to join us!

8:30 – 9:00 AM – Register/ Sign-up at Edith Robb Dixon Field
9:00– 9:15 AM – Warm up
9:15 – 10:00 AM - Stations
10:00 – 10:45 AM – Small Games
10:45 AM – 12 PM – Full Field



Cabrini Head Coach and Hall of Fame Member - Jackie Neary



*2015 CSAC Player of the Year
– Kerry Anne Farrell*



Cabrini Field Hockey 2017 Prospect Day

Sunday, April 9

9AM- 12 PM

Player's Name _____

Player's Email _____

Parent's Name _____

Parent's Cell _____

Parent's Email _____

Home Phone # _____

Address _____

Player's Club Field Hockey Team

Player's HS Field Hockey

Team _____

Player's Preferred

Position _____

What to Bring:

- Turfs
- Shin guards
- Mouth guard
- Stick
- Weather appropriate field hockey gear (sneakers in case of inclement weather)

Walk up registration is available; we do encourage you to sign up in advance.

Return this form, along with signed waiver (page below) and check to:

Jackie Neary
Cabrini University Department of Athletics
610 King of Prussia Road
Radnor, PA 19087

*****Checks Made Payable to Cavalier Lacrosse School**



Medical Information Parent/Guardian Name _____

Cell Phone _____

Email Address _____

Emergency Contact Name _____

Emergency Contact Phone _____

Family Physician _____

Phone _____

Medical Insurance Co. _____

Policy # Group _____

Policyholder's Name _____

Allergies _____

Recent Injuries _____

Waiver

All campers must have their own medical coverage. Campers will not be allowed to play unless the above information is submitted and this form is signed by the parent/guardian of the camper.

I hereby certify that my child is in good health and may participate in all clinic activities. Furthermore, I hereby authorize the staff of the Cavalier Lacrosse School to act for me according to their best judgment in any emergency requiring liability for any injuries or illness incurred while at the clinic. I understand that the Cavalier Lacrosse School is neither administered nor sponsored by Cabrini University and Jackie Neary and Bobbi Morgan are providing the clinic outside the scope of their employment with Cabrini University. I agree to release, hold harmless, and indemnify Cabrini University, its trustees, its officers, its employees, its agents, and Jackie Neary and Bobbi Morgan and all coaches from any and all claims and liability arising out of the Cavalier Lacrosse School.

Parent/Guardian

Signature Date _____