



Clinic Information

Focuses on the fundamentals of field hockey through intense drills, as well as extensive play through coached scrimmages.

Limited by space, grade level, age, and gender

Ages: 10-18

Sunday May 7th, 2017

8:00am– 10:00am

Monmouth University So Sweet a Cat Field

Players must:

- *wear cross trainers or turf shoes (no cleats)
- *have mouth guards and shin guards (mandatory for play)
- *supply their own sticks
- *bring attached registration form and sign medical waiver

Cost: \$60.00

For Directions please visit

www.monmouthhawks.com

- Inside MU Athletics
- Directions
- Clinic will be held at So Sweet A Cat Field (field hockey turf)

Director & Information

Carli Figlio

Head Field Hockey Coach

400 Cedar Ave West Long Branch NJ 07764

cfiglio@monmouth.edu

Monmouth University

Registration Form

Sunday May 7th, 2017

8:00am– 10:00am

Name _____

Age _____ Grade _____

Years of Play _____

Address _____

City/State/Zip _____

School Name _____

Parent/Guardian _____

Day phone _____

E-mail _____

Total enclosed \$ _____

Check payable to Monmouth University Field Hockey–

Send form and check payable to Monmouth University Field Hockey



Carli Figlio
Women's Field Hockey
Department of Athletics
West Long Branch, NJ 07764-1898

Phone: 732-610-8197
Fax: 732-571-3535
E-mail: cfiglio@monmouth.edu

Clinic Medical Information & Release Form

Name _____

Date of Birth _____

Address _____

City/State/Zip _____

Phone _____

School/group _____

Allergies _____

Medical history or conditions _____

Insurance provider _____

Policy # _____

Name of insured _____

Group # _____

Emergency contact name _____

Relationship _____

Day phone _____

Cell phone _____

I hereby release Monmouth University, its agents, assigns and employees, particularly the sports Medicine staff, from any liability caused by, or arising out of participation in university-sponsored events. I recognize that there is a risk of injury associated with playing a sport and do hereby authorize the assigned athletic trainer to provide emergency first aid. I authorize the trainer to act for me according to his or her best medical judgment in any emergency requiring medical attention. I also recognize that any medical treatment provided by sources other than the athletic trainer, such as hospitalization, will be my financial responsibility.

Parent/guardian signature Date

Monmouth Athletics
West Long Branch NJ, 07764-1896



**Monmouth University
Field Hockey Clinic**

**Sunday May 7th, 2017
8:00am- 10:00am**

So Sweet A Cat Field

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