



# 7 Sessions

Field Hockey Tactics and Skills

\$25 per Session or \$140 for all sessions -

Each Session is limited to the first 30 participants - register early!

LOCATION: Coyne Field

## SESSIONS

|     |        |                |
|-----|--------|----------------|
| Sat | Oct 1  | 12 - 2 pm      |
| Sun | Oct 2  | 9 - 10:30 am   |
| Sat | Oct 8  | 12- 2 pm       |
| Sun | Oct 9  | 4 - 5:30 pm    |
| Sat | Oct 15 | 10 - 12 pm     |
| Sun | Oct 16 | 2:30 - 4:30 pm |
| Sun | Oct 30 | 9 - 10:30 am   |

**PRE REGISTRATION is required. Please notify Wendy Stark at [kaizenfieldhockey@yahoo.com](mailto:kaizenfieldhockey@yahoo.com) if you plan on attending. **NEW MEDICAL WAIVER** is required for participation - download at [www.kaizenfieldhockey.com](http://www.kaizenfieldhockey.com)**

# FALL Field Hockey Clinics

sponsored by

**Syracuse University  
Field Hockey**

featuring

**Ange Bradley**

Head FH Coach of Syracuse University

3 Time BIG EAST Coach of the Year



**REGISTRATION**

Mail application, fee, and medical waiver to:  
**KAI-ZEN SPORTS, INC**  
**PO BOX 703**  
**FAYETTEVILLE, NY 13066**

**PLEASE** make checks payable to Syracuse University Head Coaches Fund  
Medical forms may be downloaded at [www.kaizenfieldhockey.com](http://www.kaizenfieldhockey.com) or [www.suathletics.com](http://www.suathletics.com)  
or email or call **Wendy Stark** to obtain a medical form **800-783-6594** or  
[kaizenfieldhockey@yahoo.com](mailto:kaizenfieldhockey@yahoo.com)

**REGISTRATION FORM:** (Complete and return this portion only- PLEASE print legibly)  
Clinics – Please check the clinics you will be attending:

**SESSIONS**

**Sat Oct 1 12 - 2 pm \_\_\_\_\_**

**Sun Oct 2 9 - 10:30 am \_\_\_\_\_**

**Sat Oct 8 12- 2 pm \_\_\_\_\_**

**Sun Oct 9 4 - 5:30 pm \_\_\_\_\_**

**Sat Oct 15 10 - 12 pm \_\_\_\_\_**

**Sun Oct 16 2:30 - 4:30 pm \_\_\_\_\_**

**Sun Oct 30 9 - 10:30 am \_\_\_\_\_**

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

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

EMAIL: \_\_\_\_\_

Grade Next Fall: \_\_\_\_\_

High School: \_\_\_\_\_

Playing Experience: \_\_\_\_ Varsity \_\_\_\_ JV \_\_\_\_\_ Beginner \_\_\_\_\_

Position: \_\_\_\_\_

**Please make checks payable to Syracuse University Head Coaches Fund.**

**Direct ALL questions to Wendy Stark, Clinic Administrator at 800-783-6594 or [kaizenfieldhockey@yahoo.com](mailto:kaizenfieldhockey@yahoo.com)**

Please sign parental consent form →

***Parental Consent Form:*** *I have adequate medical coverage and insurance and give my daughter permission to attend Kai-Zen Field Hockey Clinic at Syracuse University and we (or I) agree to indemnify Syracuse University, Kai-Zen Sports, Inc and its employees for any claim, which may hereafter be presented by our daughter as result of injuries. In addition, my daughter/son will abide by the rules and regulations of Kai-Zen Sports, Inc and Syracuse University and agrees to conform to them.*

◆ PARENT'S SIGNATURE

DATE: \_\_\_\_\_

**Must sign**

KAI Zen Field Hockey    [www.kaizenfieldhockey.com](http://www.kaizenfieldhockey.com)    800--783-6594