Our goal is to expose participants to the Williams College’s Field Hockey Program, how the team trains and competes, and a glimpse of the student-athlete experience at a NESCAC Division III school.

TWO ONE DAY SESSIONS
Saturday, July 30th or Sunday, July 31st

COST
$115 which includes a day of training and instruction, lunch and a t-shirt.

EQUIPMENT
Please bring your field hockey stick, mouth guard, shinguards, turf shoes and water bottle.

SCHEDULE
8:45 AM  Registration at Lamb Field
9:00 AM-12:00 PM  Session I
12:00 PM  Lunch
1:00-3:00 PM  Session II

ACCOMMODATIONS
1896 House Inn & Motel
413 458 1896
www.1896house.com
Maple Terrace Motel
413 458 9677
www.mapleterrace.com
The Orchards
800 225 1517
www.orchardshotel.com
The Williams Inn
413 458 9371
www.williamsinn.com

DIRECTIONS
Go to www.williams.edu/home/visitors

Be sure to sign up early, since there is limited space (36 participants per session).
2011 FIELD HOCKEY CLINIC at Williams College

REGISTRATION FORM

PLEASE CHECK ONE:
Saturday, July 30th _______ Sunday, July 31st _______

NAME:_________________________________________ GRADUATING YEAR ______

EMAIL ADDRESS:__________________________________________________________

HOME ADDRESS:_________________________________________________________

CITY: __________________________ STATE: _______ ZIP: ______________________

HOME: __________________________ CELL: _________________________________

PARENT/GUARDIAN: _______________________________________________________

WORK: ___________ CELL: ___________ EMAIL: ______________________________

INSURANCE CARRIER: _____________________________________________________

NAME of HIGH SCHOOL: ___________________________________________________

COACH: ______________________ WORK PHONE: _____________________________

NAME of CLUB: __________________________________________________________

COACH: ______________________ WORK PHONE: _____________________________

PRIMARY POSITION: _______________ SECONDARY POSITION: _______________

T-SHIRT SIZE: Adult S _______ M _______ L _______ XL ______

RELEASE OF LIABILITY/RISK ACKNOWLEDGEMENT

Upon entering events sponsored by Purple Valley Camps Corp, I/we agree to abide by the rules of Purple Valley Camps Corp. I/we understand and appreciate the participation or observation of the sport constitutes to me/us the possibility of serious injury, including permanent paralysis or death. I/we voluntarily and knowingly recognize, accept, and assume this risk and release Purple Valley Camps Corp and its staff from any liability therefore.

PARTICIPANT SIGNATURE __________________________________________

PARENT/GUARDIAN SIGNATURE _______________________________________

To enroll, please return the completed above forms with a non-refundable check for $115.00 made payable to Purple Valley. Mail to Alix Barrale, Williams College Field Hockey, 22 Spring Street, Williamstown, MA 01267.