



**Saint Joseph's University Hawks  
Spring Field Hockey Clinic**

*Sunday, May, 15<sup>th</sup>, 2011*

*Saint Joseph's University, Finnesey Turf Field*

*Grades 4<sup>th</sup>-8<sup>th</sup> 10am to 1pm*

*Grades 9<sup>th</sup>-12<sup>th</sup> 2pm to 5pm*

*Cost: \$60/player, \$50/player with a group of 6 or more*

*The Saint Joseph's University coaching staff and team invites you to take part in the 2011 spring field hockey clinic that will benefit players of all skill levels. The clinic promises to further develop your understanding of the game in a fun and exciting environment.*

**Clinic Schedule**

Warm-up (10 minutes)

**Skills Session (50 min):** Depending on the player's skill level, she will be placed in a skills group for the first hour and work on improving your game. We will focus on dribbling, hitting, passing, receiving, possession and shooting. Keepers will be with a goalie instructor working on goalie specific skills.

**Drills Session (50 min):** This session will allow the player to utilize their skills and knowledge of the game in possession game situations such as 2v1's, 3v2's and shooting drills on the keepers. The drills will focus both on offensive and defensive tactics.

**Scrimmage Session (50 min):** Half Field, seven-a-side games will be played to conclude the clinic. This will allow the player to incorporate everything she has learned into a game situation. Field awareness, speed of play and team communication will be the focus during the games.

Cool Down (10 minutes)

*The SJU Field Hockey Team: The SJU Hawks placed 2<sup>nd</sup> in the regular season standings for the Atlantic 10 Conference in 2009. The SJU Hawks placed fifth in the regular season standings for the Atlantic 10 Conference this past year. Senior, Nicole McCreight received Mid Atlantic All-Region Second Team honors, Atlantic 10 All Conference First Team, and was selected to the Atlantic 10 Offensive Player of the Year!*

Registration/Waiver Form

4<sup>th</sup>-8<sup>th</sup> Grade Clinic      10am-1pm

9<sup>th</sup>-12<sup>th</sup> Grade Clinic      2pm-5pm

\*Please check the Clinic you will be attending

Name: _____	Grad Yr: _____
Parent(s)/Guardian(s): _____	
Address: _____	
Home Phone: _____	Cell Phone: _____
Athlete Email: _____	Parent Email: _____
School: _____	Position: _____

Waiver

<p>All athletes must have this waiver form signed by the child's parent or guardian.</p> <p><b>Statement</b></p> <p>I understand that Saint Joseph's University, its staff and employees, and the clinic staff is not responsible for any accident or injury occurring to (child) _____ while attending the clinic.</p> <p>_____ (Parent Signature)</p> <p>Please list any pertinent medical information of which our staff should have knowledge:</p> <p>_____</p> <p>_____</p> <p>Emergency Phone #: _____ Cell Phone #: _____</p> <p>Medical Insurance Carrier: _____</p> <p>Insurance ID #: _____ Carrier Phone #: _____</p> <p>Add'l Contact (used if parent cannot be reached). Name: _____</p> <p>Phone: _____ Relationship: _____</p>
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Checks must be made out to **Saint Joseph's University**

Send Registration/Waiver Form & Check to:

Saint Joseph's University  
Attn: Field Hockey, Michelle Finegan  
5600 City Avenue  
Philadelphia, PA 19131

Walk Up Registration Accepted