

## Spring Junior Day & Clinic Saturday, April 28th-Sunday, April 29th

The Ohio Wesleyan Field Hockey Program is excited to announce we will be holding its 3<sup>rd</sup> Annual Spring Junior Clinic for high school juniors.

Spring Junior Clinic Attendees will be able to:

- -Meet with Field Hockey Coaches
- -Attend Women's Lacrosse Game & OWUFH Team/Parent Tailgate
- -Spend time getting to know currently members of Ohio Wesleyan Field Hockey
- -Stay overnight with current team members
- -Attend Field Hockey Clinic Sessions run by Ohio Wesleyan Coaches!



Ohio Wesleyan Field Hockey Head Coach, Brenda Semit, is excited to invite you to campus to experience what it is like being a field hockey student-athlete at Ohio Wesleyan University.

We are putting together a custom visit where you will get the experience of a Battling Bishop by bonding with our current team members by mingling at a Bishops Sporting event and tailgate, staying overnight with our team members and getting the opportunity to attend training sessions run by Coach Semit!

Will we see you on campus in April?

Clinic Fee: \$25

Includes:

Campus Meals
OWU Clinic Pinnie
Clinic Activities
Training Sessions





## Spring Junior Clinic Application (Player Name) (Player Age)

(Address)

(City) (State) (Zip Code)

(Home Phone) (Pinney Size)

(Parent Cell Phone)

(Player's Email)

(Parent's Email)

Please make check payable to:

"Ohio Wesleyan Field Hockey" with "Spring Junior Clinic" written in the Memo portion of the check. \*Application Deadline- Monday, March 2, 2018

Checks should be mailed to:

Brenda Semit Head Field Hockey Coach 61 S. Sandusky Street Delaware, OH 43015

## INSURANCE, WAIVER & PARENTAL AUTHORIZATION INFORMATION

In reviewing, completing in full, and signing the separate Ohio Wesleyan University (OWU) Sports Camp "Release Waiver and Waiver of Liability and Indemnification Agreement", I approve my child's attendance at the Ohio Wesleyan Spring Junior Clinic.

In case of an emergency, I give permission for my child to be given necessary medical attention at the nearest hospital.

(Parent/Guardian Signature)

(Emergency Phone Number)

(Insurance Company)

(Policy Number)

(Parent/Guardian Signature)

(Date)

For any additional questions, please contact Head Coach, Brenda Semit, at bjsemit@owu.edu