



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 13, 2017**

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 Assistant Coach, Lauren Thomas, at lathomas@owu.edu.