

2009 KAI-ZEN FIELD HOCKEY WINTER CLINICS



Syracuse Field Hockey

- 2008 NFCA Coach of the Year
- 2008 Big East Champions
- NCAA Final Four Participant
- History best record of 22-2

Join us for our 2009 winter clinic series. Ange Bradley and her staff at Syracuse will help improve your hockey tactical and technical skills with a fun and up-beat tempo instruction/coaching style. All instruction is conducted on an artificial turf surface—no cleats allowed. See you this winter at Syracuse University!

January 19 Mon \$30
1-3 PM

February 18 Wed \$30
12-3 PM

February 21 Sat \$30
5:30-7:30 PM

February 22 Sun \$30
8:30-10:30 AM

Pre Registration Required
Register for all 4 for \$100.00
A clinic discount of \$30

Open to all players ages 12 - 18 year olds
Syracuse University Manley Field House -

REGISTRATION FEE \$30.00 per clinic or register for all 4 for \$100 make checks payable to Kai-Zen Sports, Inc

REGISTRATION **PRE REGISTRATION IS REQUIRED FOR THESE CLINICS—PLEASE COMPLETE, SIGN AND SEND IN WITH APPLICATION AND CLINIC FEE**

Mail application, fee, and medical waiver (if medical waiver is not on file check with Wendy Stark to confirm if MEDICAL waiver is on file)) to:

KAI-ZEN SPORTS, INC
PO BOX 703
FAYETTEVILLE, NY 13066

Medical forms may be downloaded at www.kaizenfieldhockey.com or www.suathletics.com or email or call Wendy Stark to obtain a medical form 800-783-6594 or kaizenfieldhockey@yahoo.com

REGISTRATION FORM: (Complete and return this portion only- **PLEASE** print legibly)

Clinics - Please check the clinics you will be attending:

Jan 19 _____ Feb. 18 _____ Feb. 21 _____ Feb. 22 _____

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ EMAIL: _____ Grade: _____

High School: _____ Playing Experience: ___ Varsity ___ JV ___ Beginner ___ Position: _____

Direct ALL questions to Wendy Stark, Clinic Administrator at 800-783-6594 or kaizenfieldhockey@yahoo.com

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:** _____