

# Field Hockey Preseason Prep Clinics

**July 27-31, 2009 - 8:30-11:30 AM**  
@ Kent Island HS Stevensville, MD

**August 3-7, 2009 - 8:30-11:30 AM**  
@ Kent Island HS Stevensville, MD

**August 10-14, 2009 – 5-8 PM**  
@ Worton Parks & Recreation  
Worton, MD



*Questions?*

*Contact: Rachel Boyle*

*rboyle2@washcoll.edu*

*(c) 443-350-2868, (w) 410-778-7236*

**About R. Hockey Time Founder and Washington College Head Field Hockey Coach:**

Rachel Boyle has recently completed her seventh season as the Shorewomen's head coach and ninth year as part of the Washington College field hockey coaching staff.

Coach Boyle earned a B.S. in Sport Industry and Coaching from Division I Ohio University in 1996. Boyle was a two-year starting defender and four-year letterwinner at Ohio and served as a team co-captain as a senior.

Committed to developing and enhancing the sport of field hockey, Boyle devotes her time to coaching youth and high school aged players through the USFHA Futures Development program and hosting and coaching at clinics and camps within and outside of the local community. In addition to coaching and volunteering to assist in the growth of the sport, Coach Boyle hosts indoor and outdoor tournaments for all age groups throughout the year.

**OUR STAFF:**

*Our coaching staff consists of current and former collegiate athletes and assistant coaches at Washington College. Their experiences as players and coaches provide a wealth of knowledge and expertise in the sport of field hockey.*

**REGISTRATION:**

**Registration Fee: \$80 per Clinic**

**For ALL Athletes 13 and UP**

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**Athletes welcome to attend multiple clinics. Only require one registration form (circle all clinics to attend).**

*Please detach and send completed registration form along with check to: Rachel Boyle, 300 Washington Ave. Chestertown, MD 21620.*

*Please send all information 2 WEEKS prior to first day of selected clinic sessions.*

**WHAT YOU NEED:**

*You will need shinguards, mouthguard, appropriate shoes for outdoor surfaces, a water bottle and of course, an outdoor field hockey stick. We also ask that you bring a willingness to learn and eagerness to challenge yourself in new ways!*

**2009 Field Hockey Preseason Prep Clinics Registration Form**

Participant Name \_\_\_\_\_ Age \_\_\_\_\_

Participant Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Circle Clinic(s) to attend:**

- July 27-31<sup>st</sup> @ Kent Island HS
- Aug 3-7<sup>th</sup> @ Kent Island HS
- Aug 10-14<sup>th</sup> @ Worton Parks and Recreation

**Clinic Fees: \$80**

Checks made payable to: R. Hockey Time  
Sent to: Rachel Boyle, 300 Washington Ave, Chestertown, MD 21620

**Insurance Information**

Coverage for accidental injury is required by all participants. In most instances, family health insurance is adequate. Please indicate your family health insurance plan below:

1. \_\_\_\_\_  
(Name of Participant)

2. \_\_\_\_\_  
(Health Insurance Company)

3. \_\_\_\_\_  
(Policy Number)

I/We, being the legal guardian(s) of the applicant, authorize Washington College and its agents, permission to request medical treatment as necessary to insure the well-being of our dependent:

4. \_\_\_\_\_  
(Guardian(s) Signature)

I/We, the undersigned, for ourselves, our heirs, executors, and administrators, waive and release and forever discharge Washington College, its staff, officers, agents, representatives, employees, successors, and assigns of and from any and all rights and claims for damages to person or property which may be sustained or occur during participation in camp activities, or from camp, whether paid damages, injury, or loss are due to negligence or not. I certify that the applicant is in good physical condition, allowing her to participate in the 2008 Victory Week.

5. \_\_\_\_\_  
(Guardian(s) Signature) \_\_\_\_\_ (Date)