

Holiday Hockey **with the Dawson Sisters!**

Join us for a Holiday Field Hockey Skills Clinic and let
the Dawson Sisters:

Sarah, Rachel, Meghan, Hannah & Melanie
share their talents with you!

Thursday, December 29th

SJ Elite Sports Academy@ the Sports Club, 14 Federal St. Mt. Laurel, NJ

Session I:	6-8 grade: 1:30-3:00	\$45
Session II:	9-12 grade: 2:45-5:15	\$75

Step up your game and learn the latest with the best!

**Hitting, Receiving, Sweeping, Eliminations, Tackling,
Positioning, Goal Scoring, Q & A session & More**

SIGN UP NOW: Limited to 30 participants per session
?'s contact cindyo@balancedathletics.com

The credentials are incredible. High School State Champions, College National Champions, All Americans, and Olympians. Read more...

Sarah (Striker/Midfielder)- 2x State Champion at Eastern, All State Honors, University of Iowa graduate, All American, member of the US National team from 2005- 2010, played abroad in Belgium and Holland.

Rachel (Midfielder/Defender)- 4x State Champion at Eastern, State Player of the Year, All State selection, All American, University of North Carolina graduate, NCAA National Champion, All American, Honda Broderick winner, ESPY nominee, current member of US National Team, played in over 150 games, 2008 Olympian, Pan American Elite team, played abroad in Holland.

Meghan (Defender)- 4x State Champion at Eastern, 2x State Player of the Year, All State selection, All American, University of North Carolina senior, 2x National Champion, 4x Final Four participant, Regional All American, US Developmental Squad member.

Hannah (Defender) 4x State Champion at Eastern, Defender of the Year, All American, University of Michigan senior, 4 year starter, NSCA All American Strength and Conditioning Athlete of the Year, Junior National Camp participant

Melanie (Defender/Midfielder) 4x State Champion at Eastern, 2x Defender of the Year, All State selection, University of North Carolina sophomore, 2x Final Four participant, Junior National Camp participant.



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Holiday Field Hockey Training Clinic December 29, 2011 registration form

Participant Name: _____ Session: I or II Grade: _____
 Address _____
 Home Phone: _____ Cell Phone: _____
 Email: _____
 Parent/Guardian: _____

Make checks payable and mail with forms: **balanced athletics** po box 267 Moorestown, NJ 08057

medical release form

I hereby give my permission for any and all medical attention necessary to be administered to my above named child, in the event of an accident, injury, sickness, etc. under the direction of the person(s) listed below. I also hereby assume the responsibility for payment of any such treatment.

Person(s) to Notify if parents can't be reached:

Name _____
 Daytime Phone: _____ Cell Phone: _____
 Name _____
 Daytime Phone: _____ Cell Phone: _____

consent to medical treatment

If the above named participant needs emergency medical treatment and neither parent nor the family doctor can be reached, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Signature of Parent/Guardian Print Name Date

Family Physician: _____
 Address: _____
 Phone: _____
 Known Allergies: _____
 Special Information Regarding Medical History _____
 Insurance Provider _____ Policy # _____

waiver and release of liability for minor participants

In consideration of my child, being allowed to participate in any way in balanced athletics field hockey camp, the undersigned:

1. Acknowledge that my child is qualified, in good health and has no limiting conditions to participate in physical activities. If I observe any unusual significant concern in my child's readiness for participation and/or in the program or premise itself, I will remove my child from participating and notify the nearest official immediately;
2. Agree and understand that sport activities involve physical exertion, stretching, speed, and possible contact and that participation in these activities involve risks and could result in serious injury including permanent disability or death arising out of field conditions, player conduct, equipment, the participants actions or inactions or negligence, the actions or inaction's of others participating in the activities, the condition of where the activity takes place or the negligence of the "releasees" listed below, including unforeseen circumstances and random chance. I, myself, spouse and/or my minor child are fully aware of the risks associated with these sports and physical activities and knowingly and freely assume all such risks both known and unknown and assume full responsibility for my child's participation.
3. I, for myself, my spouse, my child, and on behalf of my/our heirs, family, assigns, personal representatives, estate, and next of kin, release, waive, discharge and covenant not to sue and agree to indemnify, save and hold harmless Balanced Athletics, LLC, its respective administrators, directors, coaches, other employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event: ("Releasees"), with respect to any and all injury, disability, death or loss or damage to person or property incident to my child's involvement or participation in these programs, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.
4. I represent and warrant I carry my own health and liability insurance coverage in amounts sufficient to provide adequate compensation for any losses or expenses incurred due to injury while my minor child is a participant at balanced athletics camps.

Participant's Name: _____ Date: _____
 _____ Date: _____

Parent or Guardian (Signature/Relationship) _____