

**Failure to Prepare is Preparing to Fail” Joe Paterno!  
“Championships Are Won and Lost In the Off-Season”, unknown**

# **Take time to Prepare For Your 2008 Championship Season NOW**

## **AT SYRACUSE UNIVERSITY’S**

### **2008 Spring Clinic Series**

**PRESENTED BY KIA-ZEN SPORTS, INC**

#### **DATES:**

**SATURDAY APRIL 12 1:30-4:30 PM**

**SUNDAY APRIL 13 1:30-4:30 PM**

**SUNDAY APRIL 27 1:00-4:00 PM**

**COYNE FIELD**

#### **STAFF:**

**Ange Bradley –**

**Head FH Coach Syracuse University  
Big East Coach of the Year**

**Lynn Farquhar**

**Asst. FH Coach Syracuse**

**Guy Cathro**

**Asst. FH Coach Syracuse**

**Clinics will include tactics, stick skills, special goalkeeping sessions fitness and playing strategies all taught in a fun and upbeat tempo – attend one or both – come join us – isn’t it time to PREPARE? Hope to see you there!**

**WHO**  
**WHERE**  
**REGISTRATION FEE**  
**Kai-Zen Sports, Inc**

**Open to all players ages 12 – 17 year old**  
**Syracuse University Coyne Field**  
**Each clinic is \$30.00 – make checks payable to**

**REGISTRATION**

**Mail application, fee, and medical waiver (if medical waiver is not on file) to:**  
**KAI-ZEN SPORTS, INC**  
**PO BOX 703**  
**FAYETTEVILLE, NY 13066**

**Medical forms may be downloaded at [www.kaizenfieldhockey.com](http://www.kaizenfieldhockey.com) or [www.suathletics.com](http://www.suathletics.com) or email or call Wendy Stark to obtain a medical form 800-783-6594 or [kaizenfieldhockey@yahoo.com](mailto:kaizenfieldhockey@yahoo.com)**

**IF YOU ATTENDED OUR 2007 OCTOBER CLINIC AND FILLED OUT A MEDICAL WAIVER THE MEDICAL WAIVER IS NOT NECESSARY – PLEASE CONFIRM WITH WENDY STARK AT [KAIZENFIELDHOCKEY@YAHOO.COM](mailto:KAIZENFIELDHOCKEY@YAHOO.COM) THAT YOUR MEDICAL WAIVER IS ON FILE**

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

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Grade Next Fall: \_\_\_\_\_

High School: \_\_\_\_\_

Playing Experience: \_\_\_\_ Varsity \_\_\_\_ JV \_\_\_\_ Beginner \_\_\_\_

Position: \_\_\_\_\_

**Please make checks payable to Kai-Zen Sports, Inc. Direct ALL questions to Wendy Stark, Clinic Administrator at 800-783-6594 or [kaizenfieldhockey@yahoo.com](mailto:kaizenfieldhockey@yahoo.com)**

Please sign parental consent form →

**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:** \_\_\_\_\_

**Must sign**