



Field hockey clinics in the Pittsburgh area!

Academy Program- NORTH

PISA: 22 Rich Hill Road - Cheswick, PA 15024

Upswing Clinics is offering a **ten**-session training program this winter to provide more learning and playing opportunities to Pittsburgh area athletes. The focus of the Academy Program is to develop and improve each athlete in all aspects of the **outdoor** game. The comprehensive curriculum will focus on individual skills, tactical understanding and decision making while maintaining a fun and competitive atmosphere throughout the program. New and returning players to Upswing Clinics will benefit from this program!

Spots are limited to provide a fair player/coach ratio and filled on a first come, first serve basis. Open to girls in grades 7-12th. Athletes will be divided by experience to provide appropriate instruction.

5- 7:00pm (Monday) December: 4, 11, 18

5:30-7pm (Tuesday) January: 9, 16, 23, 30

Coaching Staff

Maggie Murphey

- Bucknell University '15
- All Patriot League 2nd Team Selection

Lina Trucco – GK Instructor

- Ohio University '16
- Level 1 Futures Coach

Emma Wessner

- Lock Haven University '10
- 4x Northeast Conf Champ

Head Clinician- Mallory (Weisen) Federoff

- Penn State '08
- D1 All-American
- NCAA D1 National Runner-up '07
- USA Women's National Indoor Team '12- '15
- USA U16 and U19 National Teams
- D1 Senior All Star
- 4x PIAA All-State Selection
- 2x High School All-American Selection
- 7 years D1 coaching experience: Lock Haven U.
- Level 2 USAFH Coaching Accreditation
- USAFH Level 1 Coaching Instructor
- Region 5 & 9 Futures Head Coach & Selector- 8 years
- USAFH NFC's Region 5: U16 1st Place Finish- 2016
- USAFH High Performance Coach
- B.S. Kinesiology- Health & PE Certified
- M.S. Sport Studies- Sport Psychology

** Complete coaching bios can be found on our website **

Visit our website for more information: www.upswingclinics.com. Questions: email info@upswingclinics.com or call 570-898-0669

REGISTRATION FORM- Academy Program NORTH

Registration Deadline: November 11, 2017

Price: \$600 per athlete

Registering for: (please check all that apply)

Field Player _____ GK _____ Athlete's Name: _____

Pinnie Size: S/M _____ L/XL _____ Contact Email: _____

School: _____

Spaces are limited and filled on a first come, first serve basis. Spots are reserved when all completed forms; both waivers and payment have been submitted. You will receive an email confirmation when we've received all of your registration information.

Mail registration form, waivers and send entry fee to:

Upswing Clinics

PO Box 491

Coraopolis, PA 15108

Make checks payable to:

Upswing Clinics, LLC



(This is a legally binding document and by participating or viewing Upswing Clinics, you are assuming risk of injury.)

Participant's Name: _____ DOB: _____ Age: ____ Grade: ____

Address: _____
Street City State

Parent/Guardian's Name: _____

Home Phone: _____ Cell Phone: _____

I hereby state that coaches and staff within Upswing Clinics are not responsible for any pre-existing injury or reoccurrence or aggravation of any disclosed or undisclosed pre-existing injury or illness of the above participant.

MEDICAL STATEMENT: I hereby certify that I have had my child checked by her physician and she is able to participate in Upswing Clinics activities with no restrictions.

PARENTAL CONSENT: Before medical operations and procedures can be performed on minors, the law requires parental permission. As parent or guardian you are asked to sign the following consent that will allow medical procedures to be carried out promptly and without unnecessary delay. Except in emergencies, no medical operations will be performed without the parent or guardian being contacted and informed of the situation.

As the minor's parent or guardian, I have actual knowledge and appreciate that there are risks of bodily injury, such as cuts, sprains, concussions, and broken bones from one's participation in Upswing Clinics activities, and hereby voluntarily consent to the minor's participation in sports camp activities and assume all risks of possible injury. I also herby assume the responsibility for payment of such treatment. I understand that Upswing Clinics does not provide medical insurance or coverage for participants and spectators.

RELEASE & WAIVER OF CLAIMS: In consideration of my child/dependent being permitted to attend and participate in Upswing Clinics activities, I, for myself, my child/dependent, my heirs, and personal representatives, do hereby waive, release, and discharge forever any and all claims for damages for bodily injury or death or damage or loss of property, that I or my child/dependent may have or that may occur subsequent to me or to my child/dependent against the clinic coordinators, coaches, volunteers, and all of Upswing Clinics' staff members arising from or attributable to my child/dependent's attendance at and participation in Upswing Clinics activities. Further, I hereby give Upswing Clinics, and representatives, permission and a release to use as necessary my child's/dependent's name and photograph to promote and advertise Upswing Clinics for a period of ten years after the date of this release. I have read, or have had read to me, this release and waiver of claims statement and understand and voluntarily agree to its provisions.

I, the undersigned, hereby represent to Upswing Clinics, clinic coordinators and coaches that I am the legal parent/guardian of the child hereby registered for Upswing Clinics.

Signature of Parent/Guardian _____ Date _____

Printed Name of Parent/Guardian _____

Team Name:

PITTSBURGH INDOOR SPORTS ARENA

22 Rich Hill Road
Cheswick, PA 15024
(412) 820-0657 Fax (412) 820-7658

PARTICIPANT RELEASE OF LIABILITY & ROSTER

Please Read Before Signing

In consideration of being allowed to participate in the Pittsburgh Indoor Sports Arena programs, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1.) The risk of injury from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury to me does exist; and,
- 2.) I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3.) I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant concern in my readiness for participation and/or in the programs themselves, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4.) I, for myself and on behalf of my/ours heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE PITTSBURGH INDOOR SPORTS ARENA, its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damages to person or property incident to my involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- 5.) I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY IDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY D.O.B. (UNDER D.O.B. 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT'S NAME _____
SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ DATE: _____
PARTICIPANT'S SIGNATURE IF OVER 18 YEARS OLD _____