

UNIVERSITY OF ROCHESTER



FIELD HOCKEY

SPRING 2009 EVENTS

SPRING SKILLS CLINIC: APRIL 25
TEAM TOURNAMENT: MAY 3



CAMP DIRECTOR & STAFF:

Wendy Andreatta

Head Coach
University of Rochester
2nd Year



- 15 Years of Camp Coaching Experience
- 11 Years NCAA Coaching Experience
- All-American at UConn
- 4-Time Big East All-Star Team
- USFHA Futures Head Coach since 2002
- 2007 Junior Olympics Head Coach
- USFHA High School Open Coach 2005,2006

Ashley Smeltzer

Assistant Coach
University of Rochester
1st Year



- 10 Years of Camp Coaching Experience
- Directed summer field hockey camp
- Played at Michigan State University
- USFHA Futures Coach

Suzanne Ruter

Assistant Coach
University of Rochester
2nd Year



- 9 Years of Camp Coaching Experience
- Youth Sports Director, YMCA
- Preschool Sports Director, YMCA
- Played at UConn
- Big East All-Star Team

STAFF:

Work with collegiate coaches and University of Rochester student-athletes to improve your skills on turf! Learn some new skills and sharpen your basic skills in a fun, competitive atmosphere.

There will be a goalkeeping coach and specialized curriculum for goalkeepers.



ROCHEESTER SPRING CLINIC & TOURNAMENT

Our clinic on Saturday, April 25 will highlight individual skills and we will work through basic skills like hitting and receiving, attacking and defending, shooting, and corner attack and defense. We will incorporate these skills into small game situations.

Our tournament on Sunday, May 3 will consist of a round-robin style tournament across the width of the field with six field players + one goalkeeper. We will begin the day with a one hour clinic that will incorporate a warm-up, stickwork, passing and receiving and shooting.

WHAT TO BRING

- Stick, Mouthguard, Shinguards
- Footwear (running shoes/turf shoes) & Water Bottle
- GK Equipment (if applicable)
- TOURNAMENT TEAMS: 'home' and 'away' t-shirts

FACILITIES

The University of Rochester provides an outstanding environment for field hockey. We will be using the outdoor FieldTurf® stadium and our indoor Astroturf area will be available for teams to warm-up and practice between games.

A certified athletic trainer will be available.

CLINIC AND TOURNAMENT FEES

- | | | |
|--------------------------|------|---|
| <input type="checkbox"/> | \$25 | April 25 Clinic |
| <input type="checkbox"/> | \$25 | May 3 Tournament |
| <input type="checkbox"/> | \$40 | Both Clinic & Tournament
(\$10 discount) |

To hold a spot, please mail the registration form with a check or money order payable to **University of Rochester Field Hockey**. Walk-up registration is also available on the day of each clinic/tournament but coaches are asked to notify Coach Andreatta in advance if they will be entering a team in the tournament so the schedule can be prepared in advance.



FOR MORE INFORMATION

Call or email Wendy Andreatta at (585) 275-4274 and wandreatta@sports.rochester.edu.



REGISTRATION FORM.

Player's Name _____
Address _____
City _____ State ____ Zip _____
Phone _____
School Name _____
Email _____
Grade in Fall 2008 _____
Age _____
Position (circle one) Defense Midfield Attack GK

EVENT	DATE	HOURS	FEE
<input type="checkbox"/> CLINIC	April 25	8am-12pm	\$25
<input type="checkbox"/> TOURNEY	May 3	10am - 3pm	\$25
<input type="checkbox"/> BOTH EVENTS			\$40

Amount Enclosed _____

Parent or Guardian Consent:

In consideration for allowing my daughter to participate in the University of Rochester Field Hockey Camp, I, as her parent/guardian, represent and affirm that:

1. I understand that participating in athletics and other camp activities involves a risk of injury or other harm.
2. All such risks are being assumed knowingly and voluntarily, including but not limited to those associated with travel to and from camp activities.
3. I will not hold the University of Rochester, its employees and agents, camp directors and staff members responsible for any injury or other harm that results from participation in the camp.
4. My daughter is in good health and has no physical condition that would prevent her from participation in the camp.

Parent/Guardian Printed Name: _____

Signature: _____

Date: _____

Send to: **University of Rochester Field Hockey
Goergen Athletic Center
Rochester, New York 14627**

