

WHISE GUYS

By IMPACT SPORTS & HEALTH



WHISE...

Why-Hockey-Is-So-Exciting...

After a successful edition of WHISE GUYS clinics in 2008, we invite you and your field hockey friends to join the WHISE GUYS this summer, as a first-time or returning player.

JULY 14 – 16, 2009

@
Nichols School

**Buffalo
NEW YORK**



**The chance of a
lifetime...**

**Make a jump
towards
Field Hockey
Stardom**

WHISE GUYS clinic program offers...

- Three days (day camp / no residence) of fun and great hockey action
- Developmental opportunities, including new skills and tricks in a player friendly environment
- Elite coaches from around the country and world just to coach you
- Lifetime memories

Why your field hockey skills will improve...

- Coach – player ratio is 1:10
- Coach – goalkeeper ratio is 1:5
- You receive personal feedback on technical and tactical skill – “it’s like having a personal coach”
- Game knowledge – learn from WHISE GUYS coaches who have international playing and coaching experience
- Effective practice time – a minimum of 250 hockey balls so we get something going ☺
- Quality playing time – “the best part about playing field hockey is actually playing field hockey, no worries about conditioning or fitness drills”

Safety Note...

The WHISE GUYS clinic program has been developed to minimize the risk of injury or dangerous situations. WHISE GUYS practices a pro-active philosophy, “better to prevent than to cure”.

Register Today...

Registration is done on a first come – first serve basis. The sooner you register, the sooner we can guarantee your spot. We don’t want you to miss out on this fun and top-notch field hockey event in your area!

WHISE GUYS clinic daily program

DAY 1 Tuesday July 14th

8:30 am	Clinic Registration
9:00-11:45 am	Hockey Session #1
12:30-1:00 pm	Open Hockey – “you tell us”
1:00-3:45 pm	Hockey Session #2

DAY 2 Wednesday July 15th

8:30 am	Facility Open
9:00-11:45 am	Hockey Session #3
12:30-1:00 pm	Open Hockey – “you tell us”
1:00-3:45 pm	Hockey Session #4

DAY 3 Thursday July 16th

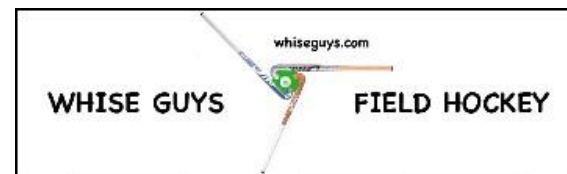
8:30 am	Facility Open
9:00-11:45 am	Hockey Session #5
12:30-1:00 pm	Open Hockey – “you tell us”
1:00-3:45 pm	Hockey Session #6
4:00 pm	Conclusion Clinic

Program Note:

- WHISE GUYS clinic program provides specific coaching for players and goalkeepers

Equipment Note...

WHISE GUYS requires wearing sneakers or turf shoes, shin guards and mouth guards at all clinic sites. Shin guards and mouth guards are also for sale as well as sticks at the WHISE GUYS & DITA Clinic Store on site.



Payment / Cancellation Information...

- WHISE GUYS Clinic fee is \$279, with an Early-Bird special of \$240 if full payment is received by May 1st.
- A non-refundable \$100 deposit is due upon registering in order to reserve your clinic spot. Please be certain that you would like to commit to the clinic before registering.
- No refunds in case of severe weather
- Please pay full (\$279) by July 1, 2009
- Your clinic fee less the deposit (\$100) will be refunded if you cancel your enrollment **4 weeks prior** to the actual clinic date. At any time after the 4-week deadline, refunds (less deposit) will be made for medical reasons only. A doctor or coach confirmation is required.

WHISE GUYS clinic contact information...

Feel free to contact either our WHISE GUYS Clinic Director, or your site contact person:

WHISE GUYS Buffalo NY site Contact Person

Kristine LaPaglia
 Williamsville North HS Coach
 Phone: 716-445-0131
 Email:
 klapaglia@williamsvillek12.org

WHISE GUYS Clinic Director

Mary Heitzman van de Kerkhof
 IMPACT Sports & Health
 PO Box 80394
 Lansing MI 48908
 Phone: 734-678-5726
 Email: info@whiseguys.com
 Website : www.whiseguys.com



2009 WHISE GUYS CLINICS Registration Form

July 14 – 15 – 16, 2009
 @ Nichols School

Field Hockey Participant Contact Info

Athlete's Name _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian _____

Home phone (_____) _____

Work phone (_____) _____

E-mail _____

Grade in September 2009 _____ Age _____

High School _____

Position _____ Number of years played _____

Shirt Size: Small Medium Large X-Large

- **Make check / money order payable to:**

IMPACT SPORTS & HEALTH
for: 2009 Whise Guys Clinic Buffalo NY

- **Mail check / money order to:**

IMPACT SPORTS & HEALTH
2009 WHISE GUYS Clinic Program
PO Box 80394
Lansing MI 48908

Confirmation email

After processing your registration, WHISE GUYS FIELD HOCKEY will email you with a confirmation of your enrollment to the Buffalo NY clinic.

Medical Treatment Authorization Form

Name athlete _____

Participants are automatically enrolled in WHISE GUYS field hockey clinic insurance plan. Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance.

Please list: (use additional pages if necessary)

- Any medical conditions of which camp personnel should be aware: _____

- Any medications currently taking: _____

- Any allergies: _____

Medical Insurance Company Name: _____

Insurance company phone: _____

Policy/Group Number: _____

Name Policy Holder: _____

Relationship: _____

I, _____ as parent or legal guardian of the participant named above, do hereby authorize the program director of the WHISE GUYS clinic program and his or her subordinates, to seek any medical and/or surgical treatment, which is reasonably thought to be necessary for the care of my child. The program director is authorized to provide medical treatment for my child, and I shall be fully responsible for honoring such costs. I also authorize the medical facility to release all information needed to complete insurance claims. I authorize insurance payment directly to the medical facility.

Signature (Parent or Guardian)

Date

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