



2017 CIRCLE to CIRCLE FIELD HOCKEY CAMPS, LLC.

Held on the campus of Providence College
Providence, Rhode Island

Overnight Camp & Commuter Camp Options

July 23 - July 26, 2017

For more information, please call:
(401) 865-1518

Register online:
www.CircleToCircleFieldHockey.com



ABOUT THE CAMP

- Instruction in all areas of game
- Skills, tactics, special situations, game play
- Overnight Campers - housing and all meals included
- Commuters - lunch and dinner included

* **Due to possible construction on Lennon Family Field this summer, please note that camp MAY be held at the Ray Treacy Track & Field Complex.**

• **\$200 non-refundable deposit due by July 1, 2017**

Disclaimer: This camp is not owned or operated by Providence College

Camp confirmation and additional information /documents will be E-MAILED to each registered camper upon receipt of your application.

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Please be sure to include your e-mail address on the application form.

CAMP PHILOSOPHY

- Circle To Circle Camps are designed for the field hockey player from beginner to elite.
- Open to players from age 10 to incoming college freshmen.
- Camp is run by the Providence College Field Hockey Staff in conjunction with a camp staff including talented coaches and collegiate players.
- There will be a 1:10 staff to player ratio.
- You will be instructed in a fun, exciting learning environment by top level coaches who will teach you the skills and tactics you will need to bring your game to the next level.

CHECK IN / REGISTRATION INFORMATION

Overnight/Commuter Camp Check-In and Registration:

10:30 a.m. - 1:00 p.m. (first day of camp)

Overnight/Commuter Camp Check-Out and Pick-Up:

Noon (last day of camp)

CAMP STORE

Circle To Circle Field Hockey Camps runs a Camp Store, which is open during select hours each day. The Camp Store is stocked with water, sports drinks, snacks, apparel and a limited selection of field hockey equipment.

"SAMPLE SCHEDULE" "OPEN" CAMP

7:30 a.m.	Breakfast
8:30 a.m.	Morning Session
Noon	Lunch
1:30 p.m.	Afternoon Session
4:30 p.m.	Optional Sessions (of your choice) (i.e. - Individual help, Pool, Competition)
5:00 p.m.	Dinner
6:30 p.m.	Tournament Play
8:30 p.m.	Staff/Camper Game(s)

ITEMS TO BRING

- Stick
- Shinguards
- Mouthguard
- Turf shoes
- Cross-training shoes
- Water bottle
- Goalies must bring their own equipment

* Overnight campers - a list of suggested items to bring with you for your rooms will be provided upon receipt of your application.

OWNER & CAMP DIRECTOR DIANE MADL

MADL'S FIELD HOCKEY COACHING EXPERIENCE

- Head Coach at Providence College (2002-present)
 - USA Field Hockey Level III accredited
 - 23 years of collegiate coaching experience
 - Led Providence to seven BIG EAST Tournament berths and advanced to the championship game, twice (2006, 2007)
- Head Coach USA U-19 National Squad (2010)
 - Assistant Coach for New England High Performance (2006-12)
 - 2006 BIG EAST Coach of the Year
- 2006 NFHCA Northeast Region Coach of the Year
 - Head Coach U-19 USA/Canadian Challenge Cup (2005)
 - Futures Development Invitational Camp (2004-06)
 - Futures Elite U-16 International Easter Tournament (2007)

MADL'S

PLAYING EXPERIENCE:

- 1996 Olympic Games, World Cup, World University Games and Pan Am Games
- 1989 graduate from University of Connecticut
 - Honda-Broderick Award winner as the Nation's top field hockey player
 - Two-time All-American
 - Member of UConn's 1985 National Championship Team

CO - CAMP DIRECTOR LISA WASSER LOPES

WASSER LOPES' FIELD HOCKEY EXPERIENCE

- Associate Head Coach, Providence College (2011-present)
- Assistant Coach, Miami of Ohio (2009-10)
- 2007 graduate from the University of Louisville
 - Three-time team captain
- Two-time NFHCA Division I All-West Region selection (2004, 2006)
- Two-time All-BIG EAST selection (2005, 2006)
 - All-MAC selection (2004)
 - Led Louisville to first-ever NCAA Tournament (2003)
- Led Louisville to three MAC Regular-Season & Tournament titles (2003-05)
- Led Louisville to the BIG EAST Regular-Season Championship (2006)



Diane Madl
Owner & Camp Director

Head Coach at
Providence College



Lisa Wasser Lopes
Co-Camp Director

Associate Head Coach at
Providence College

**2017 Circle to Circle Field Hockey Camp, LLC
Camp Application**

Please check the camp session you are applying to attend:

OVERNIGHT CAMP • July 23 - 26, 2017 • \$490
(Teams of 12 or more \$465 - all applications must be received together, or a refund will be given at registration)

COMMUTER CAMP • July 23 - 26, 2017 • \$410
(Teams of 12 or more \$385 - all applications must be received together, or a refund will be given at registration)

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

* EMAIL ADDRESS (Required): _____

CURRENT SCHOOL: _____

GRADE FALL '17: _____ POSITIONS: F MID BACK/DEF GK
(please circle positions that apply)

OF YEARS EXPERIENCE: Varsity _____ Junior Varsity _____ Jr. High _____
AT ALL LEVELS Club _____

ROOMMATE(S) REQUEST: (1st) _____

(2nd) _____

(3rd) _____

* we will do our best to accommodate all roommate requests; however, there are no guarantees.

- A non-refundable deposit of \$200, or payment in full, is due with application and signed waiver by July 1, 2017 for Open Camp. Balance is requested prior to registration.
- Please make all checks payable to: Circle to Circle Field Hockey Camp, LLC and mail to Diane Madl c/o: P.O. Box 533, Warren, RI 02885
- Online registration also is available at www.CircleToCircleFieldHockey.com; Registration via mail also is acceptable.
- Disclaimer: Circle to Circle Field Hockey Camp, LLC is not owned or operated by Providence College

**2017 Circle to Circle Field Hockey Camp, LLC
Parent/Legal Guardian Form**

Dear Parent/Legal Guardian,
In order for your child to attend Camp, please submit this completed form to:

Diane Madl - Circle to Circle Field Hockey Camp
P.O. Box 533
Warren, RI 02885

Thank you for your cooperation.
Diane Madl

1. Parent/Guardian Permission and Hold Harmless Agreement

Camper's Name: _____ D.O.B.: _____ Sex: _____
(please print)

Parent Name(s): _____ Phone #s: _____
(please print)

I, the camper's parent/legal guardian, understand the nature of camp activities, certify that the camper is able to participate in the program, and grant permission for said participation. On behalf of myself, my child, and our assigns, executors and heirs, I hereby release, discharge, covenant not to sue, and agree to indemnify and hold harmless Providence College, its trustees, officers, agents and employees from any and all liability, damage and claims of any nature arising from or in any way related to my child's participation in this program.

Parent Signature: _____ Date: _____

2. Medical and Emergency Information

In anticipation of my child's participation in the camp program, I certify that I have consulted with my child's physician and that my child has been medically cleared for camp-related activity. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program. I understand that my child will not be allowed to participate in this program without medical insurance coverage as documented below.

Insurance Provider: _____ Policy #: _____

Policy Holder's Name: _____ Date of last tetanus shot: _____

List any & all medications. _____

Does your child need camp staff to store and/or dispense medication? YES _____ NO _____

If yes, please provide specific instructions: _____

List any medical condition or history that would require special attention (e.g., medication or food allergies, asthma, diabetes, epilepsy); also, please provide treatment protocol (e.g., inhaler, Epipen, insulin): _____

Side 2 – Parent/Legal Guardian Form

I give permission for my child to receive emergency treatment. I understand that every attempt will be made to contact me, or the emergency contact named below, before taking this action.

Primary Emergency Contact Name & Phone # (include area code): _____

Secondary Emergency Contact Name & Phone # (include area code): _____

Parent/Guardian Signature: _____ Date: _____

3. Persons Permitted to Retrieve Your Child from Camp

Please let us know if there are special arrangements or restrictions for early dismissal or retrieving your child at the end of camp each day or at the end of an overnight camp session.

Name of the person or persons to whom we may release your child: _____

Is there additional information that we need to know? (For example, if your child is named as a “protected person” in an order of protection or civil restraining order, you may inform us and provide us with a copy of the document.)
