



SALVE REGINA UNIVERSITY'S 7TH ANNUAL SPORTS CLINIC CELEBRATING NATIONAL GIRLS AND WOMEN IN SPORT DAY

Salve Regina's Athletic Department celebrates **National Girls & Women in Sport Day**. All **girls in grades 2-6** are invited to attend our **free clinic** on **Friday, February 6!!** Several different stations will be led by Salve's coaches and athletes. Spend your time learning the basic skills of different sports. We will also wrap up the night with pizza! For more information please contact Associate AD/Senior Woman Administrator, Kelly Scafariello at 401-341-2247 or email at kelly.scafariello@salve.edu.

CLINIC SCHEDULE:

5:45 pm-6:30 pm - Check In
6:30 pm-8:00 pm - Clinic
8:00 pm-8:30 pm—Pizza and Pick Up

WHERE:

Rodgers Recreation Center
100 Ochre Point Ave
Newport, RI 02840

OTHER EVENTS:

Friday, Feb. 6:
Women's Ice Hockey, 7:30 pm
@ St. Georges Ice Rink

Saturday, Feb. 7:
Women's Basketball, 1:00 pm
Men's Basketball, 3:00 pm
Both games @ Rodgers Recreation Center
Women's Ice Hockey, 8:00 pm
@ St. Georges Ice Rink

Please fill out and send back to: Kelly Scafariello- 100 Ochre Point Ave, Newport, RI 02840 or email kelly.scafariello@salve.edu

REGISTRATION FORM

Name: _____ Grade: _____ Phone: _____

Address: _____

E-Mail Address: _____

Emergency Contact
Name: _____ Phone: _____ Relationship: _____

Insurance Information
Carrier Name: _____ Policy Number: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

I, the parent/guardian of _____, give permission for my child to receive emergency medical or surgical treatment if necessary. I understand that every attempt will be made to contact me, or my emergency contact before taking this action. I hereby waive and release Salve Regina University and its affiliates from any liability for any injury or illness incurred while at clinic. I UNDERSTAND THAT THERE IS A RISK OF INJURY TO MY CHILD AS RESULT OF CLINIC ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during clinic.

Signature : _____ Date: _____