

**2010 APA Player Development Program**  
**Adult Mega Quad/Clinic**  
**Playing, Coaching and Umpiring**  
**September 4-5th, Crooked Creek Farm, Hurdle Mills NC**

*The APA Player Development Committee is listening so now we are offering a clinic for mid level adults.* To qualify for this APA Player Development Program Event the competitor must be 18 years of age or older as of August 1, 2010.

**Requirements:** This clinic's goal is to spread knowledge to others and help grow polocrosse. Players and assistant coaches will learn drills, techniques, tactics, strategy, riding and teaching. Umpire participants will learn rules and techniques on how to be a good umpire. All participants selected to this program event are encouraged to conduct a clinic for their club or a requesting club upon their return. This is a Player Development Program(PDP) sponsored event-- all proceeds will benefit the PDP for future events.

**Format:** Each player will be assigned to a Head Coach and Team. All efforts will be made to have the teams and sections within teams as equal as possible. Each team will play a 6 chukka match vs the other two teams. Umpire clinic participants will ump matches.

**Players:** The PDP will select 21 applicants. This clinic is more about spreading knowledge. The ability to help grow their respective clubs and polocrosse in general will be major determining factors in player selection. Preference will be given to players playing consistently at a B or C grade level.

**Coaches:** David Brooks, Greg Russell and Ryan Murphy will be the head coaches. Anyone interested in participating in the clinic as coaching auditor will be an assistant coach with these coaches.

**Umpires:** Chief Umpire Amy Keith will be conducting the umpire clinic. She will be here to teach evaluate and test umpires.

**Tentative Itinerary/Schedule:**

**Friday evening the 3<sup>rd</sup>:** All arrive--Mandatory evening briefing and meeting.

**Saturday morning:** Clinic. Coaches and their assistants will work with their teams. Amy will clinic with the umpire participants.

**Saturday afternoon:** clinics continue

**Saturday evening:** match and dinner

**Sunday morning:** teams review with coaches and umps review with Amy

**Sunday morning:** match

**Sunday afternoon:** match

**Sunday afternoon:** final review with coaches and umps

**Sunday Evening:** Dinner, awards and fun time.

**Monday:** Pack up and leave.

Cost \$175 includes Saturday and Sunday dinner

Some Horses will be available for an additional fee.

Arrangements can be made to pick up and drop off from the airport ( RDU).

Camping and penning allowed.

**CHECKLIST FOR A COMPLETE APPLICATION TO BE SUBMITTED WITH**

**DEPOSIT BY June 15, 2010**

- \_\_\_ Player Development Program Application Completed and Signed by Participant
- \_\_\_ 2010 Medical Release Form (see attached)
- \_\_\_ Copy of Insurance Card (Front & Back)
- \_\_\_ \$100.00 Deposit

**2010 APA Player Development Program**  
**Adult Mega Quad/Clinic Application Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Birth date: \_\_\_\_\_

Email: \_\_\_\_\_

I wish to participate as: (circle one)    player    assistant coach    umpire

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I understand that participation with any program is a privilege and I look forward to working with the team and representing my sport, my association and my country to the best of my ability. I agree to submit myself to the direction of my coaches and managers for the good of my team and this program. I agree to abide by the APA Code of Conduct and any specific conduct requirements that my coaches or managers may have.

I also understand that my coaches and managers have the authority to send me home if my behavior is not acceptable to them. Any additional costs incurred by the APA or any party to send me home will be promptly reimbursed by me.

Agreed: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed application, deposit, medical release form  
and copy of insurance card  
on or before June 15th to:

David Brooks  
9239 Hester Road  
Hurdle Mills, NC 27541

# 2010 APA Medical Waiver & Treatment Form

In consideration of my participation in an American Polocrosse Association (APA) activity, and the inherent risks of equine activity that may result in injury/harm requiring emergency medical treatment, I authorize the APA, its successors or assigns, officials, officers, directors, employees, agents and/or volunteers to obtain and release to any APA activity personnel; (including, but not limited to, organizers, instructors, coaches, managers, chaperons), and to any first aid and safety personnel, medical professionals, and treating medical facility, any information regarding my medical history, symptoms, treatment, exam results and/or diagnosis.

I have read this release and agree to it.

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Participant Name

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Participant Signature