

# Watertown Elite Field Hockey

## Clinic 2026

**Date: July 27-July 30, 2026**

**Grades K-12**

**(Grades K-3, 4-8 and 9-12)**

**9 A.M. – 3 P.M.**

**Cost: \$400**



The clinic at Victory Field Athletic Complex is open to players in grades K-12. Players are grouped by age, experience and skill level. Having a good understanding of basic fundamental skills is the key to success in becoming a well-rounded field hockey player. Dribbling, passing, shooting, hitting, goalie training, team play and defensive skills will be taught in a fun and engaging way. After teaching the players the technical aspects of field hockey through challenging drills, they will have a chance to showcase what they have learned by playing in field hockey games each day.

## Note:

- Clinic instruction runs from 9:00 am-3:00 pm daily. Arrive between 8:30 am and 8:45 am.
- Lunch is NOT provided. Players are asked to bring a bagged lunch and water bottle each day.
- Friday, August 1 will be used for a “make up date” in case there needs to be a cancellation for an entire day.
- Equipment needed: Field hockey stick, mouth piece, goggles, water bottle, sunblock, rain gear, shin guards, turf shoes,/sneakers. Goalies must bring full goalie protective equipment.
- Excellent teaching ratio



## Clinic Director:

**Eileen Donahue**

**Head Coach:**

**Watertown High School**

**Career Record:**

**795-37-46**

- #1 National Record for 184 games undefeated.
- #1 National Record for 124 Consecutive wins.
- #1 National Record for 41 scoreless games.
- Donahue named NFHS National Coach of the Year for Field Hockey in 2025
- Donahue inducted in National Field Hockey Coaches Association Hall of Fame in 2020.
- Donahue was named the 2014 Top of the Circle United States Field Hockey Coach of the Year.
- Donahue was named the 2013 National High School Coaches Association’s Field Hockey Coach of the Year.
- As Head Coach at Watertown High School, Donahue has won 22 State Titles, 26 Division 2 North Titles, 5 Final 4 and 36 Middlesex League Titles.

**Assistant Director:** Lisa Bartlett,  
Former Asst. Coach, Watertown High

## Watertown Coaching Staff:

**Michelle Malanakarot, Kim Boyd, Erika Kelly, Emma Donahue, Jonna Kennedy and NCAA Div. 1, 2 and 3 field hockey players.**

## Training Staff:

**Eric Trant, Athletic Trainer,**

**Watertown High School**

**Staff members have been CORI checked by the Mass. Criminal History Board.**

Location: Watertown Victory Field Complex

**2026 Application:**

**Watertown Elite Field Hockey Clinic**

**Fee: \$400.00**

**Print:**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Parent Phone:** (       ) \_\_\_\_\_ - \_\_\_\_\_

**2<sup>nd</sup> Parent Phone:** (       ) \_\_\_\_\_ - \_\_\_\_\_

**Parent email:** \_\_\_\_\_ @ \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Grade in Fall of 2026:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Position:** Field Player \_\_\_\_\_ Goalie \_\_\_\_\_

**Adult T Shirt Size:** (circle one)    S   M   L   XL   **Youth T Shirt Size:** (circle one)   M   L

**\*PAYMENT INFORMATION:**

**A non-refundable deposit of \$200.00, an up to date Medical Form, Release of Liability Form, Photography Release Form are due upon registration. Choose payment options below with this application: (circle all that apply)**

- Pay \$200.00 non-refundable, non-transferable deposit (balance due by July 1, 2026)
- Pay full clinic tuition \$400.00
- Venmo:    @Watertownelitefieldhockey
- Watertown Residents: \$375
- Sibling discount: \$25.00

**\*With this application, please enclose an up to date Medical Form, Release of Liability Form, Photography Release Form and check payable to:**

**“Watertown Elite Field Hockey, LLC”**

**Mail to: P.O. Box 316, Belmont, Mass. 02478**

**Amount:** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Date:** \_\_\_\_\_ Upon receipt of your application, Medical form, Release of Liability form and deposit, you will receive an email confirming your acceptance to the clinic.

**Contact us at:** [Watertownelitefieldhockey@gmail.com](mailto:Watertownelitefieldhockey@gmail.com)    **Instagram:** @watertownfieldhockey

**P.O. Box 316, Belmont, Mass. 02478**

# Release of Liability

Both the Release of Liability and up to date Medical Forms must be filled out in Full, signed and returned with the application. Players will not be allowed to participate without Both the Release of Liability and up to date Medical Forms completed.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Attending: **Watertown Elite Field Hockey Clinic**, July 27 -July 30, 2025, July 31, 2026 (Rain date)

Watertown, Mass.

## **Please read carefully. This is a release of liability and other rights.**

Although precautions are taken to provide proper organization, instruction, and equipment for your child's participation in the Watertown Elite Field Hockey clinic, there can be no guarantee of absolute safety against injury, accident or illness. (ex: communicable diseases such as MRSA, influenza, and COVID-19) There are elements of risk in any sport or program involving physical exertion and risk taking the activity and the use of any equipment in connection with the activities. I/We, on behalf of myself, my child and any other parent of the child, understand that my child may be involved in activities involving field hockey, and /or any other physical undertakings. **Any participation by my child in the activity (ies) will be voluntary.**

### **WAIVER OF LIABILITY**

In partial consideration of our child's acceptance into the Watertown Elite Field Hockey Clinic, I/We as parents of Player's

Name: \_\_\_\_\_ do hereby agree to limit the liability of the Watertown Elite Field Hockey Clinic, Watertown Recreation Department, its employees, agents, officers, staff and trainers, to the coverage of the medical insurance policy covering participants in the Watertown Elite Field Hockey Clinic. I further agree to waive all liability of the Watertown Elite Field Hockey Clinic, Watertown Recreation Department, its employees, agents, officers, staff and trainers, for any accident, injury (including death), illness or other mishap which might befall the above-named player while traveling to or from, or during his/her attendance at the Watertown Elite Field Hockey Clinic, which is not covered by said medical insurance company.

### **AUTHORIZATION**

I/We hereby grant permission to the staff and trainers of the Watertown Elite Field Hockey Clinic, and medical or surgical consultant deemed advisable, and any hospital to render to the above-named player any medical and surgical treatment that they deem necessary.

### **ACKNOWLEDGEMENT**

In signing this Release of liability, I acknowledge and represent that I have fully reviewed it and understand what it means, and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I further agree that this Release of Liability shall be constructed in accordance with the laws of the Commonwealth of Massachusetts.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **Emergency Medical Release**

In case of a medical emergency involving my child/ward, I understand that every effort will be made to contact me or other parent/guardian/emergency contact person. In the event I or they cannot be reached, I hereby give permission to the physician selected by the Watertown Elite Field Hockey Clinic to hospitalize, to secure proper treatment for, and to order injection, anesthesia, surgery, or other medical procedures necessary for my child. **I also understand that my child's reservation may be cancelled if the necessary up to date Medical and Release of Liability forms have not been received with the Watertown Elite Field Hockey Clinic application.**

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[Watertownelitefieldhockey@gmail.com](mailto:Watertownelitefieldhockey@gmail.com)

P.O. Box 316, Belmont, Mass. 02478

Instagram: @watertownfieldhockey

## Sign here for **Photography Release** for my child

I/We as parents of Player's Name: \_\_\_\_\_ hereby agree to allow Watertown Elite Field Hockey, LLC to record and publish photos and videos (including audio) of my child. I understand photographs, video and/or audio tape recordings to be taken of my child at the Watertown Elite Field Hockey Clinic will be used on the Watertown Elite Field Hockey website, Facebook, Twitter, Instagram, YouTube, Pinterest, etc., as well as other official printed publications without further consideration. In addition, I acknowledge that Watertown Elite Field Hockey, LLC has the right to crop or treat the media at its discretion, and I also acknowledge that Watertown Elite Field Hockey may choose not to use my child's image at this time, but may do so at its own discretion at a later date.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

---

## Sign here for **NO PHOTOGRAPHY** allowed for my child

Player's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Watertown Elite Field Hock...

@Watertownelitefieldhockey



**venmo**