

SAN DIEGO STATE WOMEN'S LACROSSE PRESENTS:

COMPLETE PLAYER CLINIC

FOR HIGH SCHOOL GIRLS

2011 High School Girls Lacrosse Clinic:

Clinic is open to any and all HS girls player (8th-12th grade). Clinic is designed for motivated players to prepare themselves for the next level of competition. Improve individual skills and learn in depth team concepts. Teaching and playing sessions will be challenging and fun!



DIRECTORS: KYLEE WHITE, SDSU HEAD COACH
LAUREN SCHWARZMANN, ASSISTANT COACH

There will be plenty of "hands-on" coaching by our experienced staff and the San Diego State Lacrosse Team. You will get a chance to work with our top notch coaching staff, as well as our Division I players!!

WHERE: SAN DIEGO STATE UNIVERSITY, LACROSSE FIELD

WHEN: SUNDAY SEPTEMBER 25TH, 2011

TIME: 9:30AM-3PM (REGISTRATION BEGINS AT 9AM)

COST: \$75.00

Please mail registration to: SDSU Women's Lacrosse - HS Clinic

5500 Campanile Drive

San Diego, CA 92182

Make checks payable to: SDSU Women's Lacrosse

For more information please email: w lax@sdsu.edu

PLAYER INDIVIDUAL INFO AND WAIVER:

Player Name: _____

POSITION: _____
Contact Ph: _____

Address: _____ City, State, Zip

High School: _____ Grade in School: _____

EMAIL * _____ Cell Phone #: _____

(all communication will be done via email – please print legibly)

Emergency Contact Name _____ Emergency Contact Phone # _____

Waiver & Release Statement: The undersigned, being a parent or legal guardian of the player requesting admittance to the clinic, does hereby affirm that the applicant is in good health and suffers from no serious illness, disability or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity. I understand that, as condition of admittance to the San Diego State Lacrosse Clinic, the undersigned on behalf of the parents, guardians & player, hereby releases San Diego State Lacrosse, San Diego State University, and other employees or agents of the clinic from any liability from any loss or damage of personal property, injury, or illness, mental or physical suffered by the applicant during or related to the clinic. We also authorize the San Diego State Lacrosse Clinic/Camp Staff to seek any necessary medical treatment.

Players Name _____ Parent/Guardian Signature _____ Date _____

Insurance Company _____ Policy # _____