

# SAN DIEGO STATE WOMEN'S LACROSSE 2011 GIRLS YOUTH CLINIC

WHERE: SAN DIEGO STATE  
UNIVERSITY - LACROSSE FIELD

WHEN: SUNDAY OCTOBER 9, 2011

TIME: 9AM - 1PM  
(REGISTRATION WILL BEGIN AT 8:30AM)

COST: \$40.00

PLEASE MAKE CHECKS PAYABLE TO:  
SDSU WOMEN'S LACROSSE

Mail registration form to:

SDSU Women's Lacrosse - Youth Clinic  
5500 Campanile Drive  
San Diego, CA 92182

For more information please email: [w lax@sdsu.edu](mailto:w lax@sdsu.edu)

Directors: Kylee White, SDSU Head Coach  
Lauren Schwarzmann, Assistant Coach

Clinic open to any and all girls youth players (2nd-7th grade). Develop your lacrosse knowledge and skills!! Clinic will focus on individual skills and team concepts. Learn from a top-notch coaching staff and the Division I SDSU players.

Clinic will also include a 30 minute lunch break, so be sure to pack a lunch/snacks!!



**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 # \_\_\_\_\_