

# BATES COLLEGE WOMEN'S LACROSSE WINTER CLINIC 2008

**When:** Sunday(s) January 20, 27 and February 3, 2008  
1:30 – 4:30 PM each day

**Where:** Merrill Gymnasium, Bates College

**Who:** Players entering grades 9-12

**Cost:** \$75 per player or \$60 per player with a group of 6 or more from your program

### **Clinic Includes**

9 Hours of Lacrosse that covers:

- Individual Skill Instruction
- Settled Attack Concepts
- Settled Defense Concepts
- Transition Attack and Defense
- Conditioning



### **Coaches**

- Brett Allen, Head Coach, Bates College
- CJ DeMatteo, Asst. Coach, Bates College
- Amanda Wynn, Asst. Coach, Bates College

**\*\* Players must bring: Stick, goggles, mouth guard, water bottle, sneakers**

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

\_\_\_\_\_ **Position:** **Att / Mid / Def / GK**

**High School:** \_\_\_\_\_ **Coach:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Years of Experience:** \_\_\_\_\_

### Parent Consent Form

I/We, the undersigned hereby certify that I (we) am (are) the parent(s) or legal guardian(s) of the clinic attendee. I hereby give permission for the staff of the clinic, during the period of the clinic, to seek appropriate medical attention for the attendee, the medical attention to be given, and for the attendee to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all of the costs of medical attention and treatment and have medical insurance to cover these costs. I/We, the undersigned, for ourselves and as guardian(s) of \_\_\_\_\_ (attendee) understand that girls lacrosse is an active, physical sport, and that injuries can take place during play. I/We also understand there will be a number of children attending the clinic, there will be a limited number of coaches and/or counselors, and that our child cannot receive individualized attention and supervision at all times. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in girls lacrosse and other clinic activities. I/We, represent that I/We have sought the opinion of our child's physician \_\_\_\_\_ (attendee's physician), and he/she concurs that \_\_\_\_\_ (attendee) is fully capable of safely engaging in these activities. I/We also understand that it is my/our responsibility in caring for the attendee listed above, to be assured that she is able to engage in such sport. I/We, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge Bates College Women's Lacrosse Winter Clinic, its staff, officers, agents, employees representatives, successors and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in camp activities or while at camp, whether or not damages, injury, or loss is due to negligence.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Registration can be mailed to: Brett Allen, 130 Central Avenue, Alumni Gymnasium, Lewiston, ME 04240**

**Checks can be made payable to: Bates College Women's Lacrosse**

**\*\* LIMITED ENROLLMENT \*\* Please register prior to January 17, 2008**

