

The Haverford College Women's Lacrosse Team presents....

# Black Squirrel Lacrosse Clinic

....For Girls!



**WHO:** PLAYERS GRADES 3<sup>rd</sup>-8<sup>th</sup>

**WHERE:** HAVERFORD COLLEGE FIELD HOUSE (indoor)

**WHEN:** MONDAY, FEBRUARY 16, 2009, 9am-1pm (break at 11am for snack)  
Registration begins at 8:30am

**WHY:** FUNDRAISING AND WE LOVE LACROSSE!!

**COST:** \$50.00 per player (includes- t-shirt)

**EQUIPMENT:** bring your own stick, mouthguard, goggles, SNEAKERS, water, & snack

**COACHES:** HAVERFORD COLLEGE COACHING STAFF AND PLAYERS

**DEADLINE:** WEDNESDAY, FEBRUARY 11, 2009

Mail registration form and check made payable to Haverford College Lacrosse to:

Julie Young

Lacrosse Coach, Haverford College

370 Lancaster Ave.

Haverford, PA 19041-1392

Questions: call 610-896-1118 or email: [jsyoung@haverford.edu](mailto:jsyoung@haverford.edu)

See <http://www.haverford.edu/visiting/campusmap.pdf> for on campus directions to Alumni Field House

## REGISTRATION INFORMATION

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell number: \_\_\_\_\_ # to be reached during clinic: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Email address: \_\_\_\_\_

School: \_\_\_\_\_ GRADE: \_\_\_\_\_ Position: \_\_\_\_\_ Years Played: \_\_\_\_\_

Coach's Name & Email address: \_\_\_\_\_

### Haverford College Lacrosse Clinic Wavier and Assumption of Risk

I hereby request that you accept the application of \_\_\_\_\_ in the 2009 Black Squirrel Clinic during the date set forth in this application, and in consideration of your acceptance of this application, I hereby release Haverford College, all of their trustees, officers, employees, and agents, from any and all liability of claims relating to any injuries that may be sustained by the participant while attending the 2009 Black Squirrel Clinic or any and all claims which may hereafter be presented by or on behalf of the participant (minor child) relating to such injuries. Such released claims include claims for negligence, gross negligence, or recklessness.

Authorization for Medical Treatment and Release: In case of emergency of if any medical attention is required by my child, I hereby give my permission to the Haverford staff and/or Haverford to secure medical treatment and to act on my behalf according to their best judgment, and I hereby release Haverford College, and all their trustees, officers, employees, and agents, from any and all claims relating to the exercise of such judgment.

I further acknowledge that the above named individual is covered by health insurance...

Date: \_\_\_\_\_ Parent's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Emergency Contact if you are available during clinic- Name and phone number: \_\_\_\_\_

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