

Rising Eagles Lacrosse Clinic

October 12th, 2008

9a.m. - 12p.m.

\$55 per player

t-shirt included

Location: Astro turf at William/Jacob Center

Level: Beginner - Advanced

Registration starts at 8:30 a.m.

Email Courtney Farrell (cfarrell@american.edu) to sign up!

LEARN HOW TO FLY ON THE LACROSSE FIELD!!

PLEASE MAIL TO: American Lacrosse 4400 Massachusetts Ave. Washington, DC 20016 Fax: 202-885-3029

Name: _____ Address: _____

Email: _____ Phone Number: _____

Parent's Email: _____ Parent Cell: _____ Shirt size: _____

Age: _____ Grade: _____ Yrs Played: _____ High School: _____

HS Coach: _____ HS Coach Email: _____ Position: _____

Club Team: _____ Club Coach: _____ Club Coach Email: _____

Emergency Contact Name & Phone #: _____

Insurance Information: _____ Policy Number: _____

Please list any medical concerns or conditions we should be aware of:

My daughter _____, is participating in the AU Women's Lacrosse clinic on October 12th. I hereby give permission for her to participate in the clinic and agree to release, indemnify, and hold harmless American, the coaching staff and student-athletes from and against any claim which I or my daughter or any other person(s) may have for any losses, damages or injuries related to her participation in this clinic.

Parent/Guardian's Signature _____ Date _____

