



SPRINGFIELD COLLEGE WOMEN'S LACROSSE CLINIC

SUNDAY MARCH 1st 2009

TIME: 12:30pm-4:00pm

LOCATION: SPRINGFIELD COLLEGE FIELDHOUSE/TURF (weather permitting)

This clinic will be open to grades 7-12 and will be coached by the Springfield Women's Lacrosse players and coaches.

GENERAL INFORMATION:

- Pre-registration is **REQUIRED!** Registration is limited
- Please bring: Stick, goggles, mouth guard, water bottle, indoor/outdoor shoes (**NO CLEATS**).
- Please complete **one** registration form for each player. **Medical release is required.**
- Cost: \$30.00 per player **Make Check Payable To: Springfield College Lacrosse**
- For more information, please contact Regan Denham (Head Women's Lacrosse Coach) at (413) 748-3173 or rdenham@spfldcol.edu

RETURN FORM & CHECK TO:

Regan Denham
Head Women's Lacrosse Coach
Springfield College
263 Alden Street
Springfield, MA 01109

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CLINIC REGISTRATION FORM

Player's Name _____

Address _____

Home Phone _____ Email Address _____

Age _____ Grade _____ Position: Att Mid Def Goalie Years Played: 1 2 3 4 5+

School: _____ Level Played: Modified JV Varsity

I give _____ permission to fully participate in the Springfield College Lacrosse Clinic. I have attached a note explaining any specific physical limitations. I also hereby authorize the director of the clinic permission to arrange for, and provide medical care in the event the applicant is injured or disabled.

Parent Signature: _____ Date: _____

Insurance Company: _____ Policy No. _____