

Connecticut College

Indoor Girls Lacrosse League

When: Sunday, January 10th, 17th, 24th, 31st
1:30-3:00pm (Gr. 4-8) and 3:00-4:30pm (Gr. 9-12)

Who: Grades 4-8 1:30-3:00pm
Grades 9-12 3:00-4:30pm

Where: Connecticut College – Luce Field House

Focus: First half of session will be in clinic form- learning new skills and concepts- Second half will be competitive scrimmages.

Cost: \$100 for all four sessions
Make checks payable to “Connecticut College Lacrosse”

Name: _____ Phone #: _____

Street Address: _____ City: _____ State: _____

Email (required): _____ Age: _____ Grade: _____

School: _____ Position: _____

Emergency Contact: _____ Relation: _____

Home: _____ Work: _____ Cell: _____

How did you hear about our clinic? _____

Session 1 (grades 4-8): _____ Session 2 (grades 9-12): _____

Liability waiver: I, _____ (parent's name), understand that there are certain inherent dangers in participating in sports activities that may include bodily harm. I declare that _____ (athlete's name) is physically sound and suffering from no conditions, impairments, disease, infirmity, or other illness that would prevent her participation in sports activities. In case of accident or injury and an emergency contact person cannot be reached, I grant the agents acting on behalf of the Connecticut College Women's Lacrosse Program permission to obtain medical attention for her if necessary, for which I will be financially responsible.

Signature of Parent / Guardian

Date

Return to: Heather McClelland · Connecticut College · 270 Mohegan Avenue
New London, CT 06320 · hmccllell@conncoll.edu · 860.439.2563 · 860.439.2516 (fax)