

NOTRE DAME ACADEMY FEBRUARY VACATION YOUTH LACROSSE CLINIC

Girls Grades 3-8
February 16, 17, & 18, 2015
2:00pm-5:00pm
Cohasset Sports Complex (Cohasset, MA)
Cost: \$75.00 per player



The Notre Dame Academy (Hingham) lacrosse team will be hosting its fifth annual February vacation clinic for girls in grades 3 – 8 at the Cohasset Sports Complex (34 Crocker Lane, Cohasset, MA 02025). Coach Meredith Frank, along with members of the Notre Dame Academy team, welcome both new and experienced players to develop the basics of stickwork, shooting, dodging, and defense through individual instruction, game situations, and challenging competitions.



*This year we are thrilled to announce that a portion of our clinic proceeds will benefit the **One Love Foundation**. Yeardeley Love was a former University of Virginia women's lacrosse player who was the victim of relationship violence. The foundation's mission is to end relationship violence through education and technology.*

Contact: Meredith Frank, meredithfrank@gmail.com or 781.710.5668

To Register: Fill out the registration form/waiver and send with your check, payable to *Notre Dame Academy*, to: Meredith Frank, 15 Cotter Street, Canton, MA 02021

Walk up registration welcome!

Notre Dame Academy February Vacation Youth Lacrosse Clinic Registration Form/Waiver

Participant Name: _____

Email, please print: _____

Grade: _____ DOB: _____

Address: _____ Town: _____ Zip: _____

Phone #: _____ Cell #: _____

Emergency Contact: _____ Phone #: _____

Health Insurance Company: _____

Policy Holder: _____ Policy #: _____

Please list any health concerns: _____

Are you a US Lacrosse member: YES _____ NO _____

US Lacrosse Number: _____ Expiration Date: _____

CONSENT TO PLAY AND LIABILITY RELEASE:

I acknowledge that lacrosse is a high-speed sport which may involve some contact. I am aware of no medical conditions, illnesses, or injuries that would prevent my child from participating in all aspects of this lacrosse clinic, except as follows: (Please state medical condition and provide a letter from the child's health care provider indicating the limitations or restrictions for the child's participation:

I hereby give permission to provide emergency medical assistance to my child in case of accident or injury. I agree to indemnify and hold harmless Meredith Frank, Notre Dame Academy, and any individual working as an officer, coach, employee, agent, or volunteer or in any capacity for this clinic, for all injuries, damages, causes of actions or claims for personal injuries or property damage, arising from my child's participation in this clinic.

Signature of Parent/Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____

*Please send completed registration form with a check payable to Notre Dame Academy to:
Meredith Frank, 15 Cotter Street, Canton, MA 02021*