



U13 & U15 SKILL & POSITION CLINIC

In conjunction with TYLA we are excited to announce that we will be holding a skill and position development clinic this summer. The goals and objectives for this clinic is to coach specific player positions and provide the tools for players to be the best attack man, defense man, mid fielder, or goalie they can be.

The clinic will be coached by high school level coaches along with local college level players as needed to keep our player to coach ratio low.

The program will run for 6 weeks - (2) 2 hour sessions per week. 24hr's total

- The first weekly session will concentrate on skill and specific player position development.*
- The second weekly session will consist of some skill work followed by short sided coached scrimmages.*

Where – SW HS Lacrosse practice field - 4372 SW School Rd High Point, NC

When – Monday and Wednesday night 6pm to 8pm – 6/3 & 6/5, 6/10 & 6/12, 6/17 & 6/19, 6/24 & 6/26, off 4th of July week, 7/8 & 7/10, 7/15 & 7/17

Cost - \$85 for players with a valid US Lacrosse membership

\$70 for players that will need to obtain a US Lacrosse membership on their own for \$25 before attending the clinic. We can assist in this process.

***US Lacrosse membership is required for insurance purposes. In the spirit of building the game we have reduced the clinic fee by \$15 for new players to the game to put towards the \$25 membership fee.*

Equipment Rental – available for a \$25 rental fee plus a refundable deposit that will be returned when equipment is turned in at the end of the clinic.

If you have any additional questions regarding the clinic, age requirements, skill level, or day availability, or the US Lacrosse membership please contact Jim O'Connor at 336-596-9385.

For planning purposes please email Jim O'Connor at luv2race644@aol.com with your intent to participate. Your registration and spot in the clinic will not be final until we receive the attached registration and waiver form filled out and sent along with payment to be received by Wednesday 5/31.

Due to the targeted Coach to Player ratio spots are limited so please respond quickly if you intend to participate in this clinic.



REGISTRATION

Please mail registration and waiver form along with a check payable to Jim O'Connor to: 4145 Queens Grant rd Jamestown, NC 27282

Player Name - _____ DOB - _____

Dads Name - _____ Cell- _____

Moms Name - _____ Cell- _____

Address - _____

City - _____ State - _____ Zip - _____

Home phone - _____

School attending 2013 – 2014 - _____

Parents email - _____

Players email - _____

Years played - _____ **(Required)** US Lacrosse # - _____

Position (circle) – Attack Defense Mid fielder Goalie

Health Insurance Carrier - _____

Policy # - _____

Payment amount - _____ Check # - _____

Rental Equipment Needed? (circle) YES NO



WAIVER

PARTICIPANT OR PARENT/GUARDIAN AGREEMENT

I, and/or the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the clinic. Recognizing the possibility of physical injury associated with Lacrosse, I hereby release, discharge and/or otherwise indemnify the Organizer, Coaches, Employees, and all associated personnel against any claim by or on behalf of the registrant as a result of the registrant's participation in the clinic. As the parent or legal guardian of the participant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent. I understand that the Clinic does not supply insurance to its participants, that medical coverage is the responsibility of each participant.

DATE: _____

**PARENT/GUARDIAN
SIGNATURE:** _____

PRINT NAME HERE: _____

DATE: _____

**PARENT/GUARDIAN
SIGNATURE:** _____

PRINT NAME HERE: _____

PARTICIPANTS SPECIAL MEDICAL CONDITIONS: _____
