Girls Lacrosse Clinic
With The University of Southern Maine’s Women’s Lacrosse Team

April 17th, 2016 8:00am-11:00pm

This fun and informative clinic will allow players to learn proper passing, catching, shooting, defense and offensive motion techniques from the USM Women’s Lacrosse team and coaching staff. Players will be able to learn some new drills to practice on their own to improve their game or bring back to their own teams. Players are grouped by age and ability.

Bring your own Sticks, goggles and mouth guards. Dress in layers!!

Grades 3/4, 5/6 & 7/8

Please contact Coach Dyer for a registration form at the E-mail below.
Walk-Ons are welcome!
$30 per child
T-shirts will also we on sale before and after the Clinic!
Hope to see you there!!!
University of Southern Maine
Women’s Lacrosse Team
LIVE LOVE LAX CLINIC
Sunday, April 17th 2016
Grades 3/4, 5/6 & 7/8

Objective: This fun and informative clinic will allow players to learn proper passing, catching, shooting, defense and offensive motion techniques from the USM Women’s Lacrosse team and coaching staff. Players will also perform drills and participate in a mini scrimmage, so we can make any necessary corrections during game play. Players are grouped by age and ability. Bring your own Sticks, goggles and mouth guards. We will be playing outside so please wear layers.

Staff: Coach Ashley Dyer, Assistant Coach Amy McNally, Assistant Coach Nikki LaPlante, Assistant Coach Nikki Smith and the USM Women’s Lacrosse players.

Time: Sunday, April 17th, 2016 8:00am - 11:00pm

Fee: $30.00

Location: The clinic will take place at the Hannaford Turf Field. If it is raining, we will be inside at the Costello Field House.

For More Info: E-Mail Ashley.e.dyer@maine.edu

(Please Cut Here) ---------------------------------}

Registration

NAME: __________________________________________

PARENT(S) NAMES: __________________________________________

ADDRESS: __________________________________________

CITY: ___________________________ STATE: _________ ZIP: _____________

PHONE: ___________________________ E-MAIL: ___________________________

DATE OF BIRTH: _____________ SCHOOL: ___________________________ GRADE: _____________

Please Make Check Payable to USM Women’s Lacrosse and Mail to:

Ashley Dyer
Women’s Lacrosse
University of Southern Maine
Costello Sports Complex
Gorham, ME 04038
UNIVERSITY OF SOUTHERN MAINE - CLINIC Information Sheet

Child’s Name: ________________________________________________________________
Grade: __________________________

Parent’s Name: ______________________________________________________________

Parent’s Address: _____________________________________________________________

Parent’s Phone: _____________________________________________________________

Parent’s Email: ____________________________________________________________

Parent/ Legal Guardian

Father’s Cell # ____________________________ Mother’s Cell # ____________________________ Other # ____________________________

Father’s Name: ______________________________________________________________

Mother’s Name: _____________________________________________________________

Other Emergency Contact: ____________________________________________________

Name & Phone #: _____________________________________________________________
Relation to Camper

Any Medical Condition or prescriptions the Clinic Director should be aware of: ________________________________________________________________

________________________________________

UNIVERSITY OF SOUTHERN MAINE

RELEASE AND ASSUMPTION OF RISK

*(Child’s Name) (Address)

Acknowledge, declare and agree as follows:

1) That I have voluntarily agreed to participate in the University of Southern Maine Clinics from April 17, 2016 through April 17, 2016 and in consideration of being permitted to participate in the Clinic, do voluntarily execute this “Release and Assumption of Risk” on behalf of myself, my heirs and next-of-kin, my personal representatives and my estate.

2) That I have been fully informed of the nature, scope and demands of the Clinic, and I understand that the Clinic may include activities which could be dangerous to me and other participants and which could cause property damage, bodily injury and/or death.

* See below for specific risks and dangers of the Clinic

3) That the University of Maine System and its University of Southern Maine (hereinafter referred to as the “University”) has apprized me that there may be dangers and hazards inherent to participants in the Clinic because of the activities involved, and that I personally recognize and appreciate that such dangers and hazards exist. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer or cause to others, and for all damages or loss to any personal property owned by me or damaged by me, while I am participating in the Camp and during all travel and transportation, and, in furtherance thereof, I agree to indemnify, hold harmless and release the University, its Trustees, faculty, employees, volunteers and agents, from and against any and all claims, demands, actions or causes of action, on account of damage or loss to my personal property, my personal injury or death, or the bodily injury, death or damage to personal property of others caused by me which may occur or result directly or indirectly from my participation in the Clinic and not as a direct result of any negligent act of the University, its Trustees, faculty, employees, volunteers or agents.

4) I declare that I am able to physically withstand and cope with the indicated rigors of the Clinic with or without a reasonable accommodation. If an accommodation is needed I will contact the Camp office at 207-780-5544.

5) This “Release and Assumption of Risk” shall be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, void, unenforceable or illegal, the remainder shall continue in full force and effect.

I declare that I completely understand and have fully informed myself of the terms and conditions of this “Release and Assumption of Risk” by having read it, or having it read to me, before signing and I intend to be fully bound thereby.

Assented and agreed to this __________ day of ________. 2016.

__________________________ ______________________
Signature of Participant (Camper) Date

1. ____________________________, the parent or legal guardian of ____________________________, agree, in consideration of my child being permitted to participate in the Clinic, to be bound by the terms of this Release and Assumption of Risk and hereby indemnify, hold harmless and release the University, its Trustees, faculty, employees, volunteers and agents, in the same manner and with the same force and effect as set forth in Section 3 above with regard to my child participating in the Camp.

Parent or Guardian Signature (if participant is under the age of 18 years)

__________________________ ______________________
Signature Parent/ Legal Guardian Date

* Such dangers, hazards and risks of this activity may include, but are not limited to, injuries inflicted by the following:
Contact from or with other participants; Contact from or with equipment involved in the sport such as, but not limited to balls, pucks, sticks, pads, etc.; Contact with fixed barriers such as, but not limited to walls, goalposts, water sprinklers, etc.; Falls; Accidental sprains, strains or fractures from overstretching or twisting of body parts; Illness associated with the elements such as, but not limited to heat, rain, etc.