



Plymouth State Women's Lacrosse Presents...

“Become a CHAMPION” Clinic Series

Attend our “Become a CHAMPION” Clinics and be coached by the 2014 LEC Championship team and coaching staff. Take your game to the next level and get ready to be a CHAMPION in 2015!

Where: Plymouth State PE Center, Field House

When: January 31st, February 7th & February 21st

Time: 1:00PM-3:30PM - Registration begins at 12:30PM

Price: \$25 per clinic, \$45 for two, \$65 for all 3!

What to Bring: stick, goggles, mouth guard, water bottle, sneakers, registration form, participation waiver, an awesome attitude!

Details:

ALL AGES ARE WELCOME!

Team discounts available for 6+ members from the same team

Please make checks payable to: Plymouth State Athletics

Send forms & payment to:

**Kristin Tracy - Head Women's Lacrosse Coach
MSC 32 - 17 High St. - Plymouth, NH - 03264**

**Questions: Visit our website www.athletics.plymouth.edu/sports/wlax
or e-mail Kristin Tracy at ketracy@plymouth.edu**

REGISTRATION FORM

Name:

Email Address:

Home Address:

Age:

Grade:

Years Played:

High School/Middle School:

Coach's Name:

Coach's Email:

In Case of Emergency Contact & Phone Number:

Which clinic will you be attending (circle all that apply):

Jan. 31st

Feb. 7th

Feb. 21st

ALL 3!! ☺

PARTICIPATION WAIVER

Parents/Guardians Name:

Insurance:

Policy #:

I hereby give permission for _____ to participate in the 2015 girl's lacrosse Preseason Prep clinic(s). My daughter is in good physical condition and I understand that she will participate in rigorous activity and play. The clinic will safeguard the health of the child, but will not be responsible for accident or sickness. I hereby request that my child, named above, be admitted to the 2015 Preseason Prep clinic(s) and I authorize the directors to act for me in any emergency requiring medical attention. I assume responsibility for payment for any such attention.

Please sign _____

Print your name _____

Date _____