2010 North Coast Lacrosse Clinics

Sponsored by Lacrosse Plus

- Girls: ***NEW FORMAT!*** Middle School **Jan. 9-10, 2010**
  High School **Jan. 23-24, 2010**
- Location*: Earl Warren M.S. 155 Stevens Ave., Solana Beach
- Cost: **$150.00; increases to $175 *after* Jan. 3, 2010**
  Includes: insurance, clinic reversible jersey and ball
- Saturday: 9am - 3pm Drills, Skills & Scrimmages
  Sunday: 9am - 3pm Drills, Skills & Games
- Morning instruction in lacrosse fundamentals will include: philosophies of the game, basic techniques, drills, preseason conditioning.
  Saturday afternoons: game situations and scrimmages.
  Sunday afternoons: round robin playday tournament, prize giveaways and more...
- Gear: Stick, visors, mouthpiece, shoes with traction.(cleats are good), water and lunch.
  If you need equipment, please contact Lacrosse Plus at (760) 436-6111.
- Directors: Annie Munoz; Jack Mangelsdorf, Lacrosse Plus
- Coaches: Melissa Anderson: Virginia Tech; Kate Barcomb: JHU;
  Kimberly Pytel: UMd; Melissa Lum: UCSB;
  along with other local high school varsity coaches.

Questions?: **Contact Jack @ (760) 803-6111; info@laxplus.com**
Sign-up online: **www.laxplus.com**

INSURANCE INFORMATION: Coverage for accidental injury is required by all participants. In most instances, family health insurance is adequate. However, US Lacrosse clinic insurance will cover all players.
Please indicate your family health insurance plan:

Name of Applicant (please print): _____
Health Insurance Company: _____
Policy Information Number(s): _____

MEDICAL TREATMENT AUTHORIZATION

I/We, being the legal guardian(s) of the applicant, authorize the Lacrosse Plus clinic and its agents to request medical treatment as necessary to insure the well being of our dependant.

Guardian Signature: _____ Date: _____

WAIVER AND RELEASE

We, the undersigned, for ourselves, our heirs, executors and administrators, waive and release and forever discharge Lacrosse Plus, its staff, officers, agents, representatives, employees, successors and assigns of and from any and all rights and claims for damages to persons or property which may be sustained or occur during participation in clinic activities, or in any other way as a result of the clinic.

I certify that the applicant is in good physical condition to take part in the Lacrosse Plus clinic:

Guardian Signature: _____ Date: _____

Lacrosse Plus Clinic Registration form

Name: _____
Last First
Address: _____
City: _____ St: _____ Zip: _____
Home Ph: (____)_____ Alt. Ph.: (____)_____
Email: _____
Grade: _____ Age: _____ Birth date: _____/_____/_____
School: _____ Position: _____ Referred by: _____
Parent/Guardian: _____
US Lacrosse Member? Yes: ____ No: ____
Mem #: _____

===>>>>> ***Session:*** ***M.S.*** _____ ***H.S.*** _____

Please make checks payable and return to:
Lacrosse Plus
1512 Encinitas Blvd.
Encinitas, CA 92024
***OR* Sign up online:** **www.laxplus.com**