

# LITTLE FLOWER BOYS LACROSSE CLINIC – FALL 2008

## LITTLE FLOWER LACROSSE CLUB

### BOYS INSTRUCTIONAL SKILLS CLINIC

FALL 2008

**What:** An instructional clinic for Little Flower Parishioners and Little Flower School students focusing on the skills for excelling in lacrosse! Instruction for the clinic covers all facets of the game including actual scrimmaging. **Please note: For school year 2008/2009, the lacrosse clinic will only be held in the Fall of 2008.**

**Who:** Little Flower Parishioners and Little Flower School students in 1<sup>st</sup> thru 8<sup>th</sup> grades. Participants will be grouped by grade and/or skill level.

**When:** 8 Sessions on Fridays from 3:15pm to 4:30 pm

<u>Session</u>	<u>Dates</u>
1	Friday, Sept 12 <sup>th</sup>
2	Friday, Sept 19 <sup>th</sup>
3	Friday, Sept 26 <sup>th</sup>
4	Friday, Oct 3 <sup>rd</sup>
5	Friday, Oct 10 <sup>th</sup>
6	Friday, Oct 17 <sup>th</sup>
7	Friday, Oct 24 <sup>th</sup>
8	Friday, Oct 31 <sup>st</sup>

**Where:** Monsignor Kane Field @ Little Flower

**Coaches:** Billy Glading, Fr. Mark Ivany and Neil Alt

**Equipment:** Full pads (helmet, shoulder and elbow pads and gloves), mouthpiece and sticks are required.

**Cost:** **\$75.00 includes a new practice jersey. Checks should be payable to LFS Lacrosse.**

**Questions:** Neil Alt (w) 703-284-5868 or (email) [nalt@lpc.com](mailto:nalt@lpc.com)

PLEASE RETURN THE REGISTRATION FORM AND CHECK TO:

LFS Lacrosse

c/o Neil Alt  
6334 Broad Street  
Bethesda, MD 20816

**PLEASE REGISTER PROMPTLY.**

# Player Registration

## I. PLAYER INFORMATION

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

GRADE: \_\_\_\_\_ (08/09 school year)

PRIOR LACROSSE EXPERIENCE (if any): \_\_\_\_\_ years

POSITION PLAYED: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**PLEASE INDICATE AFFILIATION WITH LITTLE FLOWER:**

SCHOOL: \_\_\_\_\_

PARISHIONER: \_\_\_\_\_

BOTH: \_\_\_\_\_

## II. FAMILY INFORMATION

### **Parent/Guardian #1**

NAME: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

### **Parent/Guardian #2**

NAME: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

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**ATHLETIC AND SPORTING EVENTS**

**PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's name: \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_

As parent and or/guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein or our heirs, successors, and assigns, to hold harmless and defend Little Flower Catholic Church, its officers, directors and agents, and the Archdiocese of Washington, coaches, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents and the Archdiocese of Washington, coaches, chaperons or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_