

LITTLE FLOWER GIRLS LACROSSE CLINIC – FALL 2008

LITTLE FLOWER LACROSSE CLUB

GIRLS 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 1st thru 8th grades. Participants will be grouped by grade and/or skill level.

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

<u>Session</u>	<u>Dates</u>
1	Thursday, Sept 11 th
2	Thursday, Sept 18 th
3	Thursday, Sept 25 th
4	Thursday, Oct. 2 nd
5	Thursday, Oct 9 th
6	Thursday, Oct 16 th
7	Thursday, Oct 23 rd
8	Thursday, Oct 30 th

Where: Monsignor Kane Field @ Little Flower

Coaches: Sarah Aschenbach, Head Coach at Holy Child.

Equipment: Sticks, protective glasses and mouthpieces 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

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:** _____