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Liberty Women's Lacrosse Clinic



Check in: 5:15pm
Starts: 5:30pm
Ends: 7:30pm

6-12th Grade Girls

2 Hour Clinic in Schilling Center

Run by current players and Coaches

Price: \$20.00

Need: Goggles, Mouth Guard, and Stick!

Goalies Bring Equipment!

**Open to any and all entrances. Only limited by age, gender
and number.**

REGISTRATION DEADLINE: FEBRUARY 11, 2011

Contact Information

Regan Denham

E-mail: rddenham@liberty.edu

Jen Venter

E-mail: jventer@liberty.edu

(434) 582-2564 office

**LIBERTY
FLAMES™**

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Liberty's Women's Lacrosse Winter Clinic Registration Form

Camper Information:

Name _____

D.O.B. _____

Grade _____ Years of Experience _____

Address _____

Email _____

Home Phone _____

Emergency Phone _____

Parent(s) / Guardian (s) _____

Medical Info

Camper's physician / Phone number _____

Date of last tetanus toxoid: _____

Allergic reactions?: _____

Medication presently taking: _____

Past illnesses or information that would be useful in the event of necessary treatment: _____

Insurance company _____

Agent's name _____

Policy # _____

Phone # _____

Any instructions regarding your insurance? _____

Payment Method

Cash _____ Check _____

(Make Checks payable to Liberty Lacrosse)

Parental Consent Form

This completed form will enable health facilities in Lynchburg and clinic medical staff to provide prompt care to your minor son or daughter. All areas of this form must be completed prior to Clinic registration. I/We, the undersigned, hereby certify that I/we am/are the parent or legal guardian of the player. I hereby give permission for the staff of the clinic to seek, during the period of the clinic, appropriate medical attention for the player, and for medical attention to be given, and for the player to receive medical attention in the event of accident, injury, or illness. I/we will be responsible for any and all cost of medical attention and treatment. I/We, the undersigned, for ourselves and as a guardian(s)

Of _____ (Player's name) understand that lacrosse is an active, physical sport, and that injuries can take place during play. I/We understand that, as with any sport, injuries can occur, and we hereby admit that our child is physically and mentally capable of participating in lacrosse activities. I/We represent that I/We have sought the opinion of our child's pediatrician, _____, and he/she concurs that, _____ is fully capable of safely engaging in these activities. I/We also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he/she is fully capable of engaging in this sports activity, and I/we are confident that he/she is able to engage in such sport. I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge Liberty Women's Lacrosse Clinic, the Liberty University Lacrosse coaches, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in clinic activities or while at the clinic, whether or not damage, injury, or loss is due to negligence.

Signature of parent or guardian _____

Date _____

Send check to:

Liberty University

Women's Lacrosse Office

1971 University Blvd. Lynchburg Va 24502