

**2010 Preseason Girls Lacrosse Clinic**  
**University of Minnesota Women's Lacrosse Team**  
**Lacrosse Connections, LLC**

**Schedule:** 1 clinic – Sunday – February 21 – 11:30-3:30 (Registration begins at 11:00am)

**Location:** Field House, University of Minnesota

**Cost:** \$80 per player – Bring stick, approved goggles, mouth guard, sneakers/cleat & water

**Who can play:** Girls in grades 5- 12 – beginner, intermediate and advanced

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**Registration and Consent Form**

Please complete and return this registration form along with your check (make checks out to “Lacrosse Connections, LLC”) by February 18, 2010

Erin Scearcy Larson, 414 Fulton Street, St. Paul, MN 55102

Player Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ School Team \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (H) (\_\_\_\_) \_\_\_\_\_ (C) (\_\_\_\_) \_\_\_\_\_

School Grade (2009-2010): \_\_\_ 5<sup>th</sup> \_\_\_ 6<sup>th</sup> \_\_\_ 7<sup>th</sup> \_\_\_ 8<sup>th</sup> \_\_\_ Fresh \_\_\_ Soph \_\_\_ Junior \_\_\_ Senior

Lax Position: \_\_\_ Goalie \_\_\_ Defense \_\_\_ Midfield \_\_\_ Attack (check one)

# of years you have played lacrosse: \_\_\_\_\_ Team/program: \_\_\_\_\_

**Player/Parent Consent and Agreement (parent signature required)**

1. **Acceptance of Participation:** In accordance with the rules of the 2010 Preseason Clinic I give my consent and approval for the above named child to participate.
2. **Readiness to Compete:** I believe my child is physically and psychologically prepared to compete in this 2010 clinic event.
3. **Medical Attention:** I hereby give my consent to the 2010 Preseason Clinic sponsors to provide through medical staff of its choice, transportation and emergency medical services as warranted in the course of my child's participation in this 2010 clinic.
4. **Waiver and Release:** I am fully aware and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of myself, my child playing in the league, my heirs and personal representatives, that the 2010 Preseason Clinic, Lacrosse Connections, LLC, the University of Minnesota, and the host facility, along with coaches, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my child's participation in the league.
5. **Approved Equipment:** I hereby certify that all equipment (including goggles, goalie helmets, lacrosse sticks, and all other gear) used by my child in the 2010 Preseason Clinic meets standards required by US Lacrosse.

Player Signature: \_\_\_\_\_ Player Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Player Signature: \_\_\_\_\_ Player Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Primary Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Paid for and distributed by Lacrosse Connections, LLC / NO REFUNDS, unless the clinic is cancelled.  
Any questions, contact Janet at 763-391-6494 or at [hold0062@umn.edu](mailto:hold0062@umn.edu) or Erin at [erin.scearcy.larson@gmail.com](mailto:erin.scearcy.larson@gmail.com)

*This event is, in part, a fundraiser for the University of Minnesota Women's Lacrosse team. The revenues generated by the clinic will go to support this club-level team and its players.*