

1st Annual
Jacksonville University Women's Lacrosse
PRESIDENT'S DAY CLINIC
Monday, February 15, 2010 9:00am-12:30pm
Girl's grades 7-12
Fee: \$60 per person

Schedule

8:30am-9:00am Registration
9:00am-10:00am Introduction & Skills Review
10:00-10:45 Skill Stations (shooting, dodging, offensive/defensive play)
10:45-11:30 Man-up/Man-Down Situations and Specialty Play:
Center Draws, 8-meters and Goalie Instruction
11:30-12:30 Small Field Games

Looking for something FUN to do on your day off from school?? The First Annual JU Women's Lacrosse Clinic is for girl's grades 6-12 and will be held on the Ashley Sports Complex at Jacksonville University. The coaching staff and players will provide instruction. This is a great opportunity to learn from the BEST and to get you and your teammates ready to be their best in March and April!

- THIS CLINIC IS A FUNDRAISER - ALL PROCEEDS BENEFIT JULACROSSE
- Players are responsible for bringing a stick, mouth guard and goggles. Goalies need to supply their own equipment. The Ashley Sports Complex is a Bermuda grass facility in excellent condition. Cleats or other athletic shoes are appropriate.
- A confirmation e-mail and directions will be sent upon return of your registration form. Online registration will be available at JULacrosse.com soon.

Name: _____ Parents Email* _____ Players Email* _____
(all correspondence will be done via email...please print legibly)

Address: _____ City, State, Zip: _____ Phone #: _____

Age: _____ Grade: _____ School: _____ Club: _____

Level – Please Circle One: Elite Club Varsity JV Youth League Beginner

US Lacrosse # _____ Position: _____

By signing this application, I release Jacksonville University, Jacksonville University Women's Lacrosse, and other involved parties from any claims or responsibility for injuries suffered in the clinic. I knowingly assume all risks associated with participation, even if arising from negligence of the participants or others, and assume full responsibility for my participation. I certify that I am in good physical condition and can participate in the Jacksonville University Clinic for Girls. Further, I authorize the site director to request medical treatment as necessary to insure my well-being.

Athlete _____ Parent/Guardian _____ Date _____

Insurance Info/Policy # _____

Make checks payable to:
“JU Lacrosse”

Please complete, detach & return w/fee by **February 12th** to:

JU LACROSSE ~ Preseason Clinic for Girls
2220 CR 210 W
Suite #108, PMB #301
St. Johns, FL 32259
Fax (904) 347-7922 Email: camps@julacrosse.com