

The Bucknell Lacrosse Winter Clinic @ Bucknell University



Grade/Age: Current 9th-12th graders.

When: Jan 22nd from 11-2pm.

Where: Christy Mathewson Memorial Stadium (Inclement Weather alternate: Gerhard Fieldhouse in the Kenneth Langone Athletics and Recreation Center) at Bucknell University.

Equipment: All players must bring helmet, stick, gloves, arm pads, shoulder pads, and mouth piece.

Cost is \$30, checks must be mailed with consent form or brought with you to the clinic if you faxed in the consent form. Please make checks payable to Bucknell Lacrosse. Please complete the consent form and fax to 570-577-1660 or mail in to the following address:

Frank Fedorjaka
Head Lacrosse Coach
KLARC - Moore Ave.
Bucknell University
Lewisburg, PA 17837

Fundamental topics that will be emphasized: catching, throwing, shooting, ground balls, 1 on 1 offense and defense, along with agility and foot work drills to help player athletic coordination. Scrimmage time will be reserved for the end.

Coaches: Frank Fedorjaka
Bucknell Head Lacrosse Coach

Joe Conner
Bucknell Assistant Lacrosse Coach

Nick Marks
Bucknell Assistant Coach

See Page 2 for consent form

Consent Form

Name: _____

Position: A M D G (circle)

Address: _____

Grade: _____

Email Address: _____

H-
Phone: _____

Cell: _____

Parent/Guardian consent: I hereby authorize Bucknell University staff to act on my behalf according to their best judgment in any medical emergency. I verify to the best of my knowledge that the above named applicant is physically able to participate in all lacrosse activities. I, parent/guardian of the above lacrosse player, certify that he is covered by medical/health insurance, and has no chronic ailment or recurrent injury, which might endanger his well-being while participating in lacrosse activities/games. I further understand that lacrosse is a contact sport. As a participant in a contact sport, the player above accepts a certain responsibility to play in a sportsmanlike manner and for the normal, inherent risk of athletic injury. I, the undersigned, waive and forever discharge Bucknell University, Frank Fedorjaka, staff, officers, representatives, employees, and successors from any and all rights and claims for damage to person and property while participating at the clinic site.

Parent/Guardian Signature _____ Date _____