

# SUMMER YOUTH SKILLS CLINIC 2013



**Date:** Saturday, July 6th  
9AM-12PM

**Age Group:** 2 Youth Age Groups  
**Group 1** - U-9 and U-11  
**Group 2** - U-13 and U-15  
**Open to any and all participants.**

**Directors:** **Jim Rogalski** - Head Coach, Lafayette College  
**Matt Musci** - Assistant Coach, Lafayette College  
**Ed Williams** - Assistant Coach, Lafayette College

**Location:** Lafayette College  
Easton, PA 18042-1772  
Fisher Field-(Football Stadium - Field Turf)  
Rappolt Field-(Metzgar Complex - Astro Turf)

**Directions:** Available at [www.goleopards.com](http://www.goleopards.com)

**What to Bring:** Full equipment, including mouth piece. There is no equipment available to rent or purchase. Individuals without full equipment - helmet, mouth piece, shoulder pads, arm pads, gloves, jock, stick, jersey, cleats - will not be permitted to participate. Regular cleats for the field turf and shoes for the astro turf are required.

**Cost:** \$50

**Registration:** Please completely fill out registration form with waiver and medical information and send with a check payable to **Ski Lax, Inc.** to the address below. Registration confirmation and further details will be sent through e-mail.

Send clinic registration and payment to:  
Jim Rogalski - Summer Skills Clinic  
Men's Lacrosse Office  
Lafayette College  
Men's Lacrosse Office  
312 A.P. Kirby Sports Center  
Easton, PA 18042-1772

**Weather Policy:** There will be NO cancellations or refunds due to weather.

**Refund Policy:** 50% of fee is non-refundable for cancellations prior to Jun15th (regardless of the reason for cancellation). For cancellations after Jun. 15th, 75% of the fee is non-refundable (regardless of the reason for cancellation). The entire fee is non-refundable for cancellations on July 1st (unless there is a doctor's note).

## Questions:

Direct any questions to Jim Rogalski  
610-330-5482  
[rogalskj@lafayette.edu](mailto:rogalskj@lafayette.edu)

**LIMITED SPACE AVAILABLE - REGISTER NOW!!!**

**REGISTRATION - please fully complete and return to address on first page with payment in full**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
School \_\_\_\_\_ Club Team \_\_\_\_\_  
Grade \_\_\_\_\_ Age Group (circle one) U-9 U-11 U-13 U-15  
Position \_\_\_\_\_ Years Experience \_\_\_\_\_

**Participant Code of Conduct**

Ski Lax, Inc. is dedicated to providing its participants with a quality lacrosse experience that combines the highest level of instruction with the opportunity to participate and compete in games against players from other areas. In its efforts, Ski Lax, Inc. is committed to preserving the honor of the game and the true spirit of instruction and competition.

To help fulfill its mission, Ski Lax, Inc. expects that all participants (players, as well as family, friends and fans in attendance) abide by a Code of Conduct. Failure to do so may result in immediate expulsion from the event without compensation or refund.

1. Participants are expected to conduct themselves in a manner that honors the game and demonstrates respect for other players, coaches, officials and spectators.
2. Performing, permitting, encouraging, or condoning actions that are dangerous or demeaning to a player, coach, official or spectator is unacceptable.
3. Participants are not permitted to be in the possession of or under the influence of alcohol, drugs, and/or tobacco products.
4. Participants are not permitted to be in the possession of weapons.
5. Participants are expected to wear all of the necessary and required equipment for participation in lacrosse.
6. Participants are expected to report any and all injuries to a member of the event medical staff.
7. Participants are expected to treat all Ski Lax, Inc. facilities with respect. There is no tolerance for any acts of vandalism or actions that result in damage to property. Ski Lax, Inc. will hold participants legally and financially responsible for any and all damages they may cause to the property or facilities of Ski Lax, Inc. including, but not limited to, Lafayette College, and all fields and facilities used by Ski Lax, Inc.

**Ski Lax, Inc.  
Participant Waiver & Release  
SIGNATURE IS REQUIRED TO PARTICIPATE**

In Consideration of my participation in Ski Lax, Inc. sponsored events and activities, I agree to the following:

1. Waiver and Release: I am fully aware of 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 and related sports conditioning activities. I further agree on behalf of myself, my heirs and personal representatives, that Ski Lax, Inc., Lafayette College, along with coaches, officials, referees, volunteers, employees, agents, sponsors, 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 participation in the event.
2. Medical Attention: I hereby give my consent to Ski Lax, Inc. to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in Ski Lax, Inc. sponsored or sanctioned events.
3. Readiness to Compete: I will only participate in those competitions or activities in which I believe I am physically and psychologically prepared to participate.
4. Code of Conduct: I have read and agree to all parts of the Code of Conduct.
5. Refund Policy: I have read and agree to all parts of the Refund Policy.
6. Weather Policy: I have read and agree to all parts of the Weather Policy.

Signature of Participant

Date

Participant Last Name, First Name (Please Print)

**FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD**

As legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the conditions under the Participant Waiver & Release section for permitting my child to participate in any Ski Lax, Inc. sponsored events and activities, and I accept each of the conditions, especially the waiver and release section.

Signature of Parent/Guardian

Date

**Medical Insurance Information**

All participants are required to be covered with insurance for accidental injury. In most instances, family health insurance is adequate. Please indicate your family health insurance plan below.

Health Insurance Company

Policy Authorization Number(s)

**Medical Treatment Authorization**

I/We being the legal guardians of the applicant, authorize Ski Lax, Inc. and its agent's permission to request medical treatment as necessary to sure the well being of our dependent.

Signature of Parent/Guardian

Emergency Contact Number

Date