NAVY

DEVELOPMENTAL PLAYERS CLINIC

Sunday, January 22, 2012

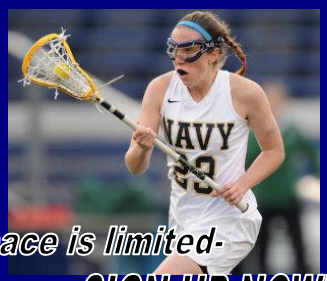
Brought to you by...

Navy Women's Lacrosse

Be coached by Cindy Timchal, the winningest coach in Division 1 lacrosse, Allison Fondale, Kristen Waagbo, Corey Donohoe and the 2011 Patriot League Championship team!

Open to classes of...

2016
2017
2018
2019



Space is limited-
SIGN UP NOW!!

Goalkeeper Instruction

Learn the latest techniques in stickwork, shooting, crease defense, individual offense & individual defense

WHEN/WHERE

10am-12pm
Navy Marine Corps Memorial Stadium
Directions and Maps: **www.navysports.com**

COST

$60 per participant
Please make check payable to: NAAA
Mail this registration form and check to:
United States Naval Academy Athletic Association
566 Brownson Road, Annapolis, MD 21402
Check-In begins at 9:30am

First Name:_____ Last Name:_____

Age:_____ Date of Birth: _____ Club Team: _____

School Attending:_____HS Graduation Year: _____

Position: circle one A M D GK Players E-Mail (required): _____

Parents E-Mail (required): _____

Address: _____ City: _____

State: _____ Zip:_____Home Phone: _____

Cell Phone: _____

Medical Treatment Authorization

I/We, being the legal guardians of the above applicant, authorize the Navy Women's Lacrosse Camp/Clinic and its agents permission to request medical treatment as necessary to insure the well being of the applicant. I approve of my child's attendance at the Navy Women's Lacrosse Camp/Clinic and certify that she is in good health and able to participate I the program activities. I (am/am not) attaching a statement explaining special physical limitation and/or required medication. Please indicate if your child suffers from allergies, asthma, diabetes, restricted activities, etc. In further consideration of the Navy Women's Lacrosse Camp/Clinic accepting this application, I/we hereby agree to save and indemnify and keep harmless the Navy Women's Lacrosse Camp/Clinic, its agents, sponsors and employees against any and all liability, claims, judgments or demands for damages arising as a result of injuries sustained by the applicant during or as a result of any course given the applicant of the Navy Women's Lacrosse Camp/Clinic.

Player Signature: _____Date:_____

Parent or Guardian Signature: _____Date:_____

Emergency Contact: _____ Phone #:_____

Health Insurance Carrier: _____ Policy #:_____

Confirmation will be emailed upon receipt of registration.

Sponsored by

STX

Phone: 410-293-8797
Fax: 410-293-5526