Michigan State University Women’s Lacrosse
Liz Mroz, President
Jenny Berger, Vice President
Olivia Hudson, Treasurer
Taylor Hiner, Secretary
Emily Pastula, Assistant Coach

MSU WOMEN'S SUMMER LACROSSE CLINIC
SATURDAY, August 13th -- 9:00am - 3:00pm (Registration starts at 8:00am)
Michigan State University Ralph Young Turf (Located next to Spartan Stadium on Shaw Lane)

The MSU Women's Lacrosse Club invites 7th through 12th grade players (Goalies Included!) to a Summer Lacrosse Clinic on Saturday, August 13th. In order to provide a quality experience, registration will be limited. All levels can be accommodated, with a large field and ample staff.

The Clinic will be staffed by Women's Club team members. There will be half-field instruction with challenging drills and full-field scrimmages. An athletic trainer will be present for the day.

Cost: $60 check payable to "MSU Women's Lacrosse Club” before July 29th, $70 after July 29th.
Bring: Your stick, mouthguard and eye protection (and goalie equipment if that's you!)
The field is TURF. Sneakers will be best on this field.
Provided: Clinic T-shirt, lunch, beverages, water and snacks. Apparel and water bottles will be sold at the field!

Apparel: To preorder an MSU Women’s Lacrosse Team Sweatshirt or T-Shirt (Circle One)

TO REGISTER:
(1) SEND AN E-MAIL TO <msuwomenslacrosse@gmail.com> (That will accurately give us your e-mail address.)
(2) MAIL THIS FORM AND PAYMENT TO OUR ASSISTANT COACH
Emily Pastula
3434 Schlee St.
Lansing, MI 48910

REGISTRATION IS LIMITED AND IS ONLY UPON RECEIPT OF PAYMENT AND COMPLETED FORM.
(3)ADDRESS QUESTIONS TO THE CLUB AT THE E-MAIL IN (1) ABOVE.

PLAYER Name__________________________________________ Phone_________________
PLAYER Level (Circle One): Beginner (1-2 years experience) Intermediate (JV or 3-4 years) Expert (Varsity or 4+ years)
Preferred E-mail address____________________________________ Parent cell phone_________________
Emergency contact info: Name_______________________________ Phone number__________________

Attach written information on any special medical issues, life-threatening allergies or medications. Include any religious objections to medical treatment.

Doctor's name and phone number:____________________________________________________

Dentist's name and phone number:_________________________________________________________________

RELEASE OF LIABILITY: I certify that I have legal authority to give this release on behalf of the PLAYER named above. On behalf of PLAYER, her estate and any party claiming for themselves or on behalf of PLAYER, I hereby release Michigan State University, the Michigan State University Lacrosse Club, all Clinic Staff, and their agents, representatives and assigns, from liability for personal injury, death or property damage or loss to PLAYER arising from Clinic participation, and I agree to indemnify and hold such released persons harmless for any such liability caused to a third party by PLAYER.

Signed by: ______________________________ ______________________________ Date Signed

Printed name:_____________________________________________________________