

Lynchburg College Lacrosse Fall Boy's and Girl's Clinic Rising Grades 2-12



4 Clinic Sundays: Sept. 20 and 27th
Oct. 11th and 25th
AND

The Annual Fall Classic Lacrosse Jamboree Nov. 1st

TIME: 12:30-2:30 Grades 2-8
2:30-4:30 Grades 9-12

Where: Shellenberger Field, Lynchburg College
*we will also use our Field House
and box lacrosse court.

\$150 per camper
Checks payable to:
Lynchburg College Lacrosse

Campers can look forward to...

- * Outstanding instruction from College coaches and players
- 30-45 minutes of Drills to improve stick handling

-30-45 minutes of Positional instruction
-30 minutes of scrimmages/game situations

* November 1st Lacrosse Jamboree- Games, Games, Games

* Low coach to player ratio= Individual attention

*All campers are provided with Lynchburg Lacrosse Camp T-Shirt for Free

Directors: Steve Koudelka- Men's Lacrosse Coach and Bruce Reid Women's Lacrosse
Coach Lynchburg College

Field Directors: Coach Hirsch, Coach Curran, Coach Longley and Clay
Assistant Lacrosse Coaches at Lynchburg College

Coaches: Lynchburg College Men's and Women's Players

*-The clinic will separate the boy's and the girl's and they will receive
outstanding instruction*

Campers Will...

SHOOT



DODGE



DEFEND



SAVE

- It is required of each camper to provide their own equipment; helmet, shoulder pads, arm pads, gloves and mouthpiece.
- All levels of skill and experience are welcome.

PLEASE REGISTER BY SEPTEMBER 15th.

Pre-Registration is encouraged to help plan the specifics of the clinic.

*Please mail to: Steve Koudelka
Lynchburg College Men's Lacrosse
1501 Lakeside Dr.
Lynchburg, Va 24501
434-544-8494
or e-mail to: koudelka@lynchburg.edu*

-----Name:

Address: (City, State, Zip)

Position:

Grade (As of Fall 2009):

Contact Phone Number:

Contact e-mail:

T-Shirt Size: YM_____ YL_____ AS_____ AM_____ AL_____ AXL_____

Amount Enclosed: _____\$150 Check Payable to Lynchburg College Men's Lacrosse
(May pay in person first day of camp)

PLEASE FILL OUT INSURANCE AND WAIVER FORM AND ATTACH TO APPLICATION.

RELEASE AND COVENANT NOT TO SUE

This is a legally binding release and covenant not to sue given by me,

_____ (print full name) to Lynchburg College.

In consideration for receiving permission to participate in the Lynchburg Boy's Lacrosse Clinic, I am freely and voluntarily entering into this release and covenant not to sue.

I fully recognize that there are dangers and risks to which I may be exposed by participating in the Lynchburg College Lacrosse Fall Clinic 2009.

Examples of these risks and dangers are : include 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 understand that Lynchburg College does not require me to participate in this activity, but I want to do so despite the dangers and risks and despite this release and covenant not to sue.

I therefore agree to assume and take on all of the risks and responsibilities in any way associated with this activity. In consideration of and return for being permitted to participate in this activity, and for the services, facilities and other things provided to me by Lynchburg College in this activity, I HEREBY RELEASE LYNCHBURG COLLEGE (and its trustees, employees or agents) FROM ANY AND ALL LIABILITY, CLAIMS AND ACTIONS THAT MAY ARISE FROM INJURY OR HARM TO ME, FROM MY DEATH OR FROM DAMAGE TO MY PROPERTY IN CONNECTION WITH THIS ACTIVITY. I UNDERSTAND THAT THIS RELEASE AND COVENANT NOT TO SUE COVERS LIABILITY, CLAIMS AND ACTIONS CAUSED ENTIRELY OR IN PART BY ANY ACTS OR FAILURE TO ACT OF LYNCHBURG COLLEGE (or its trustees, employees or agents), INCLUDING, BUT NOT LIMITED TO, NEGLIGENCE, MISTAKE OR FAILURE TO SUPERVISE BY LYNCHBURG COLLEGE.

I recognize that this release and covenant not to sue means I am giving up, among other things, rights to sue Lynchburg College for injuries, damages or losses that I may incur. I also understand that this release binds my heirs, executors, administrators and assigns as well as myself.

I have read this entire release and covenant not to sue, I fully understand it, and I agree to all of the terms and conditions as stated herein.

Participant Waiver (Signature is required in order to participate) In consideration of my participation in the Lynchburg College Lacrosse Fall Clinic sponsored events and activities, I agree to the following:

1. Medical Attention: I hereby give my consent to the Lynchburg College Lacrosse Fall Clinic 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 Lynchburg College Lacrosse Fall Clinic's sponsored or sanctioned events.
2. Readiness to compete: I will only participate in those conditioning or activities in which I believe I am physically and psychologically prepared to participate.

Participant Primary Medical Insurance Carrier: _____ Policy # _____

Signature of Participant _____

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OF AGE: As a legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the above conditions for permitting my child to participate the Lynchburg Boy's Lacrosse Clinic, and I accept each of the above conditions.

Signature of Guardian _____

Printed Name _____

Date _____

**IT'S A GREAT DAY
TO BE A HORNET!**