



The College of Wooster High School Lacrosse Clinic Fall 2016



NCAA LACROSSE

Sunday November 20th, 2016

Location: Papp Stadium (middle picture)

Who: All Current High School Players

Cost: \$75

Schedule:

Registration: 8:30 - 9:00 am

Practice: 9:00 - 10:30 am

Games: 11:00 - 12:00 pm

Lunch &
Recruiting Seminar: 12:00 - 1:00 pm

Facilities Tour &
Coaches Meetings: 1:00 - 3:00 pm

*** Saturday November 19th, 2016 - Scot
Saturday Admissions Program (9:30am -
1:00pm)



What to Bring:

Equipment: Stick, Helmet, Gloves, Shoulder Pads, Arm Pads, Mouth Piece (mandatory), Practice Shirt and Shorts, Turf Shoes or Sneakers.

*Hotel and Dining Information will be provided upon receipt of your registration form.

Staff:

Head Coach: P.J. Kavanagh, pkavanagh@wooster.edu. Asst. Coach: Bryan Reinert, breinert@wooster.edu

Cost:

\$75 due in full with the registration form. Pays for facilities, athletic training staff, lunch, and clinic.

*PLEASE FILL OUT AND DETACH THE LIABILITY FORM AND RETURN IT ALONG WITH YOUR CHECK OR MONEY ORDER MADE OUT TO: **THE COLLEGE OF WOOSTER MEN'S LACROSSE**

Cancellation Policy:

If sickness, injury or circumstances make it impossible to attend the clinic, a \$50 refund will be provided for any cancellation prior to January 11th. There will be no refund for cancellations after this date.

Mailing Address:

THE COLLEGE OF WOOSTER
ATTN: MEN'S LACROSSE
1189 BEALL AVE
WOOSTER, OH 44691

Waiver/Release of Liability

Participant's Name: _____ D.O.B.: _____ Year of Graduation: _____

Address: _____ State: _____ Zip: _____ Home Phone: _____

Emergency Contact: _____ Emergency Phone: _____ Position: _____

As parent/guardian of the child named above, I understand the risks involved with my son participating in the Clinic sponsored by The College of Wooster. I verify that my son has had a physical recently and may participate in all the activities of the clinic. I verify that he has no physical impairments/disabilities that make him/her prone to injury. I understand and acknowledge that in the case of illness, accident or injury, my child will be evaluated by and receive medical treatment from emergency response personnel. By signing this waiver I completely agree that The College of Wooster, its agents, students and employees, and The College of Wooster Lacrosse organization, shall not be held responsible for any injury or otherwise- except that which can be shown as negligence on the part of the college or its representatives. I acknowledge and understand that I am responsible for any and all bills for first aid, medical and emergency services for my son that result from any injury sustained while participating in the event.

Parent/Guardian Signature: _____

Please Print Above Name: _____ Date: _____

*Please indicate any food allergies: _____