



KEAN UNIVERSITY



**KEAN UNIVERSITY MEN'S LACROSSE
PRESENTS**

C.L.A.W.S.

“Cougar Lacrosse Activity Work Shop and Clinic”

When: Sunday, October 30, 2016 9:00am – 3:00 pm
Where: Alumni Field, Kean University, 1000 Morris Avenue, Union, NJ 07083
Cost: \$125.00 per athlete
Who: Boys ages 13-18 Clinic is limited to the first 100 registrants

8:30 am	Registration/Check-in	12:30 pm	Game 3 and Positional Work
9:30 am	Dynamic Warm-up & Stick Work	1:00 pm	Game 4 and Positional Work
10:00 am	Positional Work	1:30 pm	Game 5 and Team Practice
10:30 am	Game 1 and Team Practice	2:00 pm	Game 6 and Team Practice
11:30 am	Game 2 and Team Practice	2:30 pm	Clinic Wrap up
12:00 pm	Recruiting Seminar & Lunch	** Other NJ College Coaches will be in attendance recruiting (Rutgers, NJIT and more)	

Player Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Position: _____ High School: _____ Grad Year: _____

Allergy and/or Medical Condition: _____

Insurance Carrier: _____ Insurance #: _____

Emergency Contact: _____ Contact Phone: _____

WAIVER AND RELEASE

FOR GOOD AND VALUABLE CONSIDERATION, RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, WE THE UNDERSIGNED FOR OURSELVES, OUR HEIRS, EXECUTORS, AND ADMINISTRATORS, WAIVE, RELEASE AND FOREVER DISCHARGE KEAN UNIVERSITY MEN'S LACROSSE OR THE FRIENDS OF COUGAR LACROSSE, ITS STAFF, OFFICERS, AGENTS, REPRESENTATIVES, EMPLOYEES, SUCCESSORS OF AND FROM MANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES, RESULTING FROM INJURY OR PROPERTY WHICH MAY BE SUSTAINED OR OCCUR DURING PARTICIPATING IN CLINIC ACTIVITIES WHETHER SAID DAMAGES, INJURY OR LOSS ARE DUE TO NEGLIGENCE OR NOT.

Applicant's Signature: _____ Date: _____

Parent or Guardian's Signature: _____ Date: _____

Please mail completed registration and check to:

**Friends of Cougar Lacrosse
C/O Coach Shelley Sheiner
Kean University, 1000 Morris Avenue, Union, NJ 07083**

For questions please contact: Coach Sheiner at 908-737-0629 or sheiners@kean.edu