



**PROSPECT DAY FOR THE
CLASSES OF
2017, 2018, 2019 & 2020**

SATURDAY, OCTOBER 8, 2016

COST: \$75

TIME: 1:00 PM – 4:00 PM

LOCATION: SIENA COLLEGE TURF FIELD

***PLEASE NOTE: PRE-REGISTRATION IS REQUIRED.**

**PLEASE EMAIL RCROSS@SIENA.EDU OR MCONNERS@SIENA.EDU
WITH ANY QUESTIONS AND TO RECEIVE REQUIRED WAIVER OF
LIABILITY FORM.**

Siena Lacrosse Experience

Lacrosse players will participate in a one-day prospect day, taking place on October 8th 2016, which shows them what it is like to play lacrosse at Siena College. From 1:00 p.m. to 4:00 p.m., the Clinic will focus on skill and athletic instruction along with live drills and competition. Players will be taught and supervised by The Siena College Men’s Lacrosse Coaching Staff. Participants should bring their own lacrosse equipment, protective gear, turf footwear, and mouthpiece. Each prospect will receive their own Siena reversible uniform.

Location: Siena College, check in will be held at the Siena Turf Field in the rear of campus

Clinic Fee: \$75.00 per person

Registration Form:

Name: _____

Address: _____

Phone: _____

E-mail: _____

Position: _____

Grad Year: _____ High School: _____

Registration: ___\$75 Non-Refundable

(If paying by check, please make it payable to “Siena College” with the memo being “Men’s Lacrosse”)

**** Lacrosse players will not be permitted to participate without the completion of this form.****

WAIVER/RELEASE OF LIABILITY

Participant’s Name: _____ Age: _____

Complete Address: _____ Home Phone: _____

Emergency Phone Number where you can be reached during the clinic: _____

As parent/guardian of the child named above, I understand the risks involved with my son/daughter participating in the Siena Men’s Lacrosse Youth Clinic. I verify that my son/daughter has had a physical recently and may participate in all the activities of the Lacrosse Experience. I verify that he/she 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. I further agree that Siena College, its agents representatives and employees, and the Siena Men’s lacrosse team shall be held harmless for injury, death or damage to property that occurs while my child is participating in the lacrosse clinic, 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 child that result from any injury sustained while participating in the Siena Men’s Lacrosse Youth Clinic.

Parent/Guardian Signature: _____ Date: _____

Please Print Above Name: _____

Mail to:

Rob Cross – Men’s Lacrosse

Siena College Athletics

515 Loudon Road

Loudonville, NY 12211-1462

Please contact Rob Cross or Gill Connors in the Siena Men’s Lacrosse Office with any questions at (518) 783-2561