



LAKE ERIE MEN'S LACROSSE COACHES CLINIC!

January 28 | 2017

FOR MORE INFORMATION contact the Storm Head Men's Lacrosse Coach Steve Gartelman at 440.375.7478 or sgartelman@lec.edu

ABOUT THE DAY

Our goal for the day is to give you, the local coaches and parents, an experience of growth and learning. We plan to answer all questions on schemes, practices, mentality and even strength and conditioning. Open to all coaches who attend is a 2hr practice featuring the LEC Men's Lacrosse team in order to observe what is discussed in the clinic.

WHO MAY ATTEND

Any Parent, Coach or even player looking to become a coach.

COST: \$25

REGISTRATION

Pre-registration is preferred but not required.

- Walk ups are welcomes!
- CASH & CHECKS ACCEPTED
 - o Checks made out to....
 - o LEC MEN'S LACROSSE

ITINERARY

- 10:00AM – Meet and Greet with LEC Coaches
- 10:30AM – Observe LEC Men's Lacrosse Team Lift
 - Open Q&A During Lift Session
- 11:30AM – Chalk Talk & Open Q&A
 - We will attempt to answer all questions and will give some insight to how Lake Erie College MLAX operates.
- 1:00PM – LEC Team Practice Begins
 - All in attendance for clinic are welcomed to observe practice.
 - Open Q&A when Coaches are available.
- 3:00PM – More Q&A Available
- 7:00PM – MEET THE TEAM EVENT
 - @ Red Creek Grill - \$20 Cover

CLINIC LOCATION

391 W WASHINGTON ST.
Painesville, OH

College Hall / Austin Hall / Ritchie Gym / Osborne Center / Jack Britt

-Osborne Center Address
300 Gillett St

-Jack Britt Stadium Address
301 Lattimore St.

Coaching Staff

- Steve Gartelman – Head Coach
 - Defense / Offense / Goalies / FO
- Devin Bushweller – Assistant Coach
 - Offense / FO
- Connor Ryan – Volunteer Assistant Coach
 - Defense / FO

LACROSSE COACHES CLINIC

PLEASE RETURN THIS FORM TO: Lake Erie College | Attn: Men's Lacrosse | 391 West Washington Street | Painesville, OH 44077

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ E-mail _____
 Level _____ Experience _____ School _____ Position _____



Payment Method:
 Check Enclosed Cash
 (make check payable to Lake Erie College Men's Lacrosse)

For Office Use Only
 Check Number: _____
 Check Date: _____
 Amount: _____

The undersigned warrants and represents that he/she is a parent or legal guardian of _____ (hereinafter referred to as the "Camper") and that the undersigned possesses the authority to execute this Waiver of Liability/Release of Claims on behalf of the Camper. The Camper herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp. I/We, the parent(s) of the above stated camper understand and acknowledge that there are inherent risks and dangers in the activities and programs offered by Lake Erie College Lacrosse. I/We hold Lake Erie College harmless of any accidents/injuries relating to the activities, programs, and transportation services rendered by the company.

I/We release Lake Erie College of all legal responsibility and liability.

Signature of Parent/Guardian: _____

Date: _____

Printed Name of Parent/Guardian: _____

Emergency Number: _____