

HAWK TOP 50

Who : Boys Entering Grades 9-12

Location : Burnt Hills-Ballston Lake High School
88 Lakehill Rd. Burnt Hills, NY 12027

When: Sunday June 3, 2018
Check in : 9:30 am

Clinic :10:00 am – 12:00 pm

Cost: \$75

Description

Winston Lax LLC is offering the first annual Hawk Top 50 for high school aged boys lacrosse players. This one-day clinic creates a small venue for coaching, instruction, and evaluation by our staff. During the clinic prospective student athletes from across the USA will receive exposure to “the Hawk Standard” as well as high level instruction, positional skill sessions, situational training, and full field scrimmaging.

Position Breakdown

The Hawk Top 50 will be open to 50 high school players broken down as follows:

- 4 Goalies
- 4 Faceoff
- 12 Defense/LSM
- 12 Attack
- 18 Midfield

What to bring :

All protective equipment, cleats, and stick.

- Helmet
- Shoulder Pads
- Elbow Pads
- Gloves
- Mouthguard

HAWK TOP 50

Clinic Director:



Don LaSala is currently in his fourth season as the Head Men's Lacrosse Coach at Hartwick College. Coach LaSala most recently led the Hawks to the program's first winning season since 2011 and Empire 8 Conference Tournament for the first time since 2005. Prior to Hartwick, Coach LaSala served as the Head Coach at Adrian College, leading the Bulldogs to three straight NCAA tournament appearances. During his time at Adrian he coached a USILA All American, multiple Division III North-South game participants, many positional conference players of the year and numerous all league performers.

Other Pertinent Information

- Certified Athletic Trainer will be on site.
- NCAA lacrosse officials will be present

Please complete the waiver below to ensure your spot in the Hawk Top 50. Please contact winstonlaxllc@gmail.com with additional questions.

WINSTON LAX LLC

HAWK TOP 50

Prospects will participate in a one-day lacrosse clinic at Burnt Hills-Ballston Lake High School. Participants should outfit themselves with appropriate lacrosse equipment including: helmet, mouth guard, shoulder pads, elbow pads, gloves, and cleats. A jersey will be provided. The clinic will be held on Field Turf.

Please fill out the following information and return to Winston Lax LLC with payment included to ensure your spot in the event.

Location: Burnt Hills-Ballston Lake High School
88 Lakehill Rd. Burnt Hills, NY 12027

Cost: \$75

Preferred payment method: Google Wallet (email address associated with account winstonlaxllc@gmail.com)

Other payment method: checks payable to Winston Lax LLC

Registration and Payment Deadline: Please send your checks or google wallet payment to the address / email below. A non-refundable deposit of \$30 is due by April 2nd to guarantee a spot if not paid in full. Google wallet payment preferred. The remaining balance may be paid by cash or check during check-in on June 3rd. Spots will be filled based on date of payment / deposit received.

Complete and return the waiver below to:

Winston Lax LLC
13 Mohigan Dr.
Oneonta, NY 13820
Google Wallet : winstonlaxllc@gmail.com

Cut, fill out, and mail to the above address with registration fee or deposit included

WAIVER/RELEASE OF LIABILITY

Participant's Name: _____

D.O.B.: _____

Complete Address: _____

Year of High School Graduation: _____ Position: _____

Player Contact Phone: _____

Emergency phone number parent/guardian can be reached at: _____

Email Address: _____

As parent/guardian of the child named above, I understand the risks involved with my son participating in the Hawk Top 50 sponsored by Winston Lax LLC. I verify that my son has had a physical recently and may participate in all the activities of the event. 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 Winston Lax LLC, Burnt Hills-Ballston Lake High School, its agents, students and employees, shall not be held responsible for any injury. 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 event.

Date: _____

Parent/Guardian Signature: _____

Please Print Above Name: _____