



WNY Chapter of US Lacrosse and Nichols School

PRESENT

Girl's Lacrosse Clinics

WHEN: Sunday Jan. 22 9-11 am (grades 3-6) 11am-1:30 pm (grades 7-12)
Sunday Feb. 12 9-11 am (grades 3-6) 11 am-1:30 pm (grades 7-12)
Sunday Mar. 4 9-11 am (grades 3-6) 11 am-1:30 pm (grades 7-12)

WHERE: NICHOLS SCHOOL 1250 Amherst St. Buffalo, NY 14209

COST: Grade 3-6 clinics: Pre-Registration-if postmarked 10 days prior to clinic date: \$15
Registration Fee: \$20 if closer than 10 days prior to clinic

Grade 7-12 Clinics:

Pre-Registration if postmarked 10 days prior to clinic date - **\$25.00**

Registration for walk ins or postmarked after 10 days prior to clinic date -**\$35.00**

HOW TO REGISTER:

PLEASE COMPLETE THE ATTACHED FORM AND MAIL IT TO THE ABOVE ADDRESS WITH YOUR CHECK MADE PAYABLE TO:
WNYUSL

Beth Stone
26 Saybrook Pl
Buffalo, NY 14209

PLEASE EMAIL bstone@nicholsschool.org to reserve a spot.

The individual stick-work drills and specific training series will be directed by :

<i>Megan Portka</i>	<i>Frontier High School, Champion Lacrosse</i>
<i>Katy Ryan</i>	<i>U Connecticut, Hamburg High School '05, Champion Lacrosse, Lady Roc '05</i>
<i>Liz Koelmel</i>	<i>Haverford College, Nichols School '05, Lady Roc'05</i>
<i>Erin Robson</i>	<i>Oswego University</i>
<i>Beth Stone</i>	<i>Nichols School, Lady Roc</i>
<i>Gretchen DeLuke</i>	<i>Amherst College, Nichols School '04, Lady Roc'04</i>



WNY USL Girl's Lacrosse Clinics at Nichols School
1250 Amherst St. Buffalo, NY 14216

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PLEASE FILL THIS REGISTRATION FORM OUT COMPLETELY AND PRINT CLEARLY

Player's Name _____ School _____

Parent/Guardian Name _____ Cell Phone _____

Street Address _____

City/State/Zip _____ Position _____

Email Address(print clearly) _____ GRADE: _____

Emergency Contact Name and Number _____

List any physical conditions that Staff should be aware of (i.e.. allergies, reoccurring illnesses, disabilities, chronic illnesses,etc.) _____

Family Physician: _____ Phone: _____

Insurance Co: Subscriber Name: _____ Subscriber ID#: Plan #: Group #: _____

1. **WAIVER & RELEASE OF LIABILITY:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of myself, my heirs, and personal representatives, that US Lacrosse, the host organization, Nichols School, and sponsors of any US Lacrosse sanctioned event, along with the coaches, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event, or as a result of equipment that may have been provided to me for these activities.

2. **MEDICAL ATTENTION:** I hereby give my consent to US Lacrosse and the host organization of any US Lacrosse related event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and/ or emergency medical services as warranted in the course of my participation in US Lacrosse events.

3. **READINESS TO COMPETE:** I will only participate in those US Lacrosse competitions for which I believe I am physically and psychologically prepared to compete.

4. **CODE OF CONDUCT:** I have read and agree to all terms in the US Lacrosse Code of Conduct, especially with regard to my responsibilities as a player.

Parent or Guardian Signature _____ **Date** _____

Player Signature _____ **Date** _____

IF POSTMARKED 10 days prior to clinic: MAIL FORM AND CHECK CHECKS MADE OUT TO: **WNYUSL** TO BETH STONE 26 SAYBROOK PL BUFFALO, NY 14209 (Grades 3-6 \$15) (Grades 7-12 \$25)

IF within 10 days of clinic: BRING FORM AND CHECK MADE OUT TO **WNYUSL** TO NICHOLS SCHOOL DAY OF CLINIC (Grades 3-6 \$15) (Grades 7-12 \$35)

PLEASE EMAIL bstone@nicholsschool.org to reserve a spot.