

2012 BUFFALO STATE GIRLS LACROSSE CLINICS

Chelsea Davis, Asst. Lacrosse Coach/Clinics Director
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deBeer
LACROSSE



***Hosted by:
Head Coach Meg Stevens
and the Buffalo State Varsity Lacrosse Team***

BUFFALO STATE GIRLS LACROSSE CLINIC ***(Open to players of all levels)***

Sunday, January 29, 2012 - Noon - 2:30 p.m.

Buffalo State Sports Arena

Cost: \$20/player

Buffalo State is consistently ranked in the top-25 of Division III Lacrosse

1. Players will be divided into groups based on skill level and age after arrival.
 - **Modified:**
Will teach the fundamentals and skill development
Advance your stick skills and other areas of your game
 - **JV:**
Advancing lacrosse skills preparing you for varsity level play
 - **Varsity:**
Run through drills to better defensive and offensive tactics
Work on advanced stick skills and abilities needed to play at the higher level
 - **Goalies:**
Teach skills and conduct drills designed to improve positioning
Work on theory and mental approach to playing the position.
2. All attendees will have the opportunity to work with the Buffalo State coaching staff and members of our Bengal Varsity Women's Lacrosse team, including All Americans, All Conference, and All Region players.
3. Off-season training sessions: learn and experience some fun exercises you can do by yourself or with friends that will help you get into shape for your lacrosse season.
4. There will be giveaways and gear for sale
Clinics will include competitive games and scrimmages.

*Registration due no
later than Monday,
January 23*

** All players must have stick, goggles, mouthguard and water bottle*

Buffalo State Girls Lacrosse Clinic Registration Form

Player Name: _____

Cell Phone: _____

Email: _____

Parent Name: _____

Address: _____

City, State Zip: _____

High School: _____

Level Played Last Season: _____

Date of Birth: _____ Grade: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Medical Waiver

I approve of my daughter's participation in the lacrosse clinic and certify that she is in good health and able to participate in all clinic activities. If medical attention is required for illness or injury while attending camp, I give my permission for such care and I waive and release the clinic, its staff, and Buffalo State College of all liability for any illness or injury.

Parent/Guardian's Signature: _____

Date: _____

Return no later than Monday, January 23 with check payable to: Buffalo State Foundation - Women's Lacrosse
Women's Lacrosse Office - Attn. Chelsea Davis
Buffalo State College - 1300 Elmwood Avenue
Buffalo, NY 14222