

**MISSION:**



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MISS



## Sundays - 1 Hour Girls Open Lacrosse Clinic

Designed to welcome new players, improve current player's skills, and challenge elite players. This clinic will be run in a practice format: stick skills and basic fundamentals will be a large portion of each clinic, followed by dodging, ground balls, defensive positioning, and shooting technique. Clinic will end with small sided games or competitions.

**9<sup>th</sup> – 12<sup>th</sup> Grade**

**Date:** Sundays, January 31<sup>st</sup> -March 14<sup>th</sup>

**Time:** 1:30-2:30pm

**Location:** Athletic Evolution Nike SPARQ Training Center

**Cost:** \$20 per Sunday or \$100 for 7 Sundays

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
HS Graduation Year: \_\_\_\_\_ Position: \_\_\_\_\_ School Attending: \_\_\_\_\_  
Players E-Mail (required): \_\_\_\_\_ Parents E-mail (required): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Informed Consent (required)**

I, \_\_\_\_\_, as legal parent/guardian of minor child \_\_\_\_\_, do hereby release Athletic Evolution, its employees, and its partners from all liability for any and all injuries resulting from participation in any Athletic Evolution program, excluding wanton conduct or gross negligence on the part of the instructor.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

