



WOMEN'S LACROSSE CLINIC

OCTOBER 7, 2018

PROSPECTIVE STUDENT-ATHLETES IN THE
2019-2021 HS GRADUATION YEARS
WORK DIRECTLY WITH HEAD COACH KATIE HAGAN



**** SPACE IS LIMITED ****

SCHEDULE

8:45AM

9:00-11:30AM

11:45-12:45PM

1:00-3:00PM

1:00-3:00PM

CHECK IN

FLB FIELD HOUSE

CLINIC

PATTERSON FIELD

LUNCH

WISMER

LAX INFO SESSION

CAMPUS TOUR

DETAILS:

- Patterson Field—Field Turf Surface
- FLB Field House—Rain Location (Please bring indoor shoes)
- NATA certified Athletic Trainer on site
- Goggles, Mouth Guard, Stick are required

COST:

\$75 includes T-Shirt and Lunch

RAIN DATE: OCTOBER 21st

CONCEPTS TO BE COVERED

- Stick work and Fundamentals
- Small sided drills
- Offensive Concepts
 - Spacing, Ball movement, Attacking in Numbers Up/Numbers Down Situations
- Defensive Concepts
 - Communication, Footwork, Sliding, Defending in Numbers Up/Numbers Down Situations

SIGN UP ONLINE: TBD

SIGN UP BY MAIL:

CHECKS MADE PAYABLE TO:
Ursinus College

Katie Hagan-Ursinus College
601 E. Main St
Collegeville, PA 19426

URSINUS COLLEGE WOMEN'S LACROSSE CLINIC

Name: _____

Address: _____

Email: _____

Phone: _____

High School: _____ HS Graduation Year: _____

Position: _____ Club Team Name: _____

T-Shirt (Adult) Small____ Medium____ Large____ X-Large____

Release, Indemnification, and Assumption of Risk

Activity: _____ Ursinus College Women's Lacrosse Clinic

Name of Participant: _____

I am signing this Release so that I can participate in *Ursinus Women's Lacrosse Clinic* to be held *on Sunday October 7, 2018*. This Release, Indemnification, and Assumption of Risk Statement covers all events and occurrences associated with the Activity. I understand that if I have concerns about my health or ability to participate, it is my responsibility to discuss my concerns with my physician before deciding to participate in the Activity.

I acknowledge and understand the risks inherent with the activities carried under this program. I agree to assume the risk that unexpected events may occur and result in loss, harm, injury, or illness to me or damage to my property while I am participating in or observing the Activity or while I am traveling to or from the Activity. I hereby agree to indemnify and hold harmless Ursinus College, *Women's Lacrosse program*, its sponsors, employees, volunteers, affiliates, officers, agents, successors and assigns, subordinates, and any other persons connected to this event from any liability.

In the event that I require emergency medical treatment, I give my permission for evaluation, diagnoses, treatment, and/or medication in accordance with the standard medical practice by licensed medical personnel. I relieve Ursinus College, *Women's Lacrosse program* of all responsibility and consequences that may arise as a result of treatment. Further, I agree to accept any and all financial responsibility as a result of the performed treatment.

I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the doctor rendering treatment.

Signature of Participant: _____ Date: _____

If Participant is under the age of 18 years, Parent or Legal Guardian must also sign:

Signature of Parent / Guardian: _____ Date: _____