

LACROSSE CLINICS **FOR NEW PLAYERS**

Parents & Coaches too!



3rd grade and older

Tuesdays, November
10th – Dec. 15th, 2009

Men's Lacrosse at 5:30pm

Women's Lacrosse at 6:30pm

Instructors Provided by



515 S MAIN STREET
SPRINGBORO, OHIO 45066
(937) 550 4742
WWW.CELTICLACROSSE.COM

New Player Clinics

6 weeks of lessons from coaches with experience at all levels. Instruction in:

- Basic skills
- Rules
- Individual offense & defense
- Game play & basic game strategy

All leading up to game play by the last week!

Parents' Clinic

Special instruction on the basics of the game, rules, & skills for parents during the clinics on weeks 3 and 4. Free for parents of clinic participants.

Coaches' Clinic

Special instruction on rules, skills, drills, & strategies for coaches of new players during the clinics on weeks 3 and 4. Free for coaches or parents of clinic participants.

REQUIREMENTS

Boys players must have full equipment: stick, helmet with mouthguard, shoulder pads, arm pads, & gloves.

Girls players must have their own stick, mouthguard, and lacrosse eye protection.

Visit Celtic Lacrosse in Springboro for expert fit and the best prices on new and used equipment!

Instructors include:

Girls – Anne Murphy

Head Coach, National Team of Austria

Head Coach, Wyoming High School

Boys- Sean Murphy

Goalie & Midfielder, National Team of Ireland

Goaltending Director, Trilogy Lacrosse

Please register by Saturday, Nov. 7th

Make checks out to: Kingdom Sports Center

____ Men's Lacrosse Clinic \$ 70

____ Women's Lacrosse Clinic \$ 70

REGISTRATION

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone #: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

School/Team: _____

Grade: _____

Waiver and Release

I understand that (I am) (my child is) participating in a contact sport under normal playing conditions and that injury may occur. I will ensure that (I am) (my child is) properly equipped to play, and I will neither hold Celtic Lacrosse or their agents / employees responsible nor liable in the event of accident or injury to (me) (my child). In the event that (I) (my child) requires emergency medical treatment and attempts to contact me have failed, league staff are authorized to act for me in accordance with their best judgment.

Player's Name

Parent/Guardian Signature or Player, if over 18

CREDIT CARD

Card #: _____

Card Type: Visa MC Discover AmEx

Circle One of the Above

Expiration Date: _____ Zip Code: _____