



Michigan State University Women's Lacrosse

Rachel Rideout, *President*
Maggie Silvasi, *Vice President*
Megan Haapala, *Treasurer*
Michelle Martinelli, *Secretary*
Emily Pastula, *Assistant Coach*

MSU WOMEN'S SUMMER LACROSSE CLINIC

SATURDAY, August 7th -- 9:00am - 4:00pm (Registration starts at 8:00am)
Michigan State University Munn Fields (Located in front of Munn Ice Arena on Shaw Lane)

The MSU Women's Lacrosse Club invites *all grade* players to a **Summer Lacrosse Clinic** on Saturday, August 7th. In order to provide a quality experience, registration will be limited. All levels can be accommodated, with a large field and ample staff.

Our theme will again be "**Team Offense and Defense for Individuals.**" Everyone wants to be a "team player," but sometimes we don't know what to do as an individual, or how to do it. This Clinic will teach specific individual skills and strategies to enhance team play. (Goalies included!) *How should I attack the goal? What do I do "off-ball?" How do I slide to help? How do I integrate with defenders?* We'll break down these and other team-play skills in the context of game play situations.

The Clinic will be staffed by Women's Club team members. There will be half-field instruction and full-field scrimmages. Game officials will be present for the scrimmages. An Athletic Trainer will be present for the day.

Cost: \$60 check payable to "MSU Women's Lacrosse Club" before July 30, \$70 after July 30.

Bring: Your stick, mouthguard and eye protection (and goalie equipment if that's you!)

The field is **GRASS**. Bring cleats if you have them, but sneakers will suffice.

Provided: T-shirt, Lunch, Beverages, Water and Snacks.

TO REGISTER:

(1) SEND AN E-MAIL TO < pastulae@msu.edu > (That'll accurately give us your e-mail address.)

(2) MAIL THIS FORM, WITH PAYMENT, TO OUR ASSISTANT COACH

Emily Pastula
3434 Schlee St.
Lansing, MI 48910

REGISTRATION IS LIMITED AND IS ONLY UPON RECEIPT OF PAYMENT AND COMPLETED FORM.

(3) ADDRESS QUESTIONS TO THE CLUB AT THE E-MAIL IN (1) ABOVE.

PLAYER Name _____ Phone _____

Preferred E-mail address _____ Parent cell phone _____

Emergency contact info: Name _____ Phone number _____

Attach written information on any special medical issues, life threatening allergies or medications.
Include any religious objections to medical treatment.

Doctor's name and phone number: _____

Dentist's name and phone number: _____

RELEASE OF LIABILITY: I certify that I have legal authority to give this release on behalf of the **PLAYER** named above. On behalf of **PLAYER**, her estate and any party claiming for themselves or on behalf of **PLAYER**, I hereby release Michigan State University, the Michigan State University Lacrosse Club, all Clinic Staff, and their agents, representatives and assigns, from liability for personal injury, death or property damage or loss to **PLAYER** arising from Clinic participation, and I agree to indemnify and hold such released persons harmless for any such liability caused to a third party by **PLAYER**.

Signed by: _____

_____ Date Signed

Printed name: _____