

New England College Lacrosse



2010 Pre-Season Clinic

*****Directed by New England College Lacrosse Staff*****

MIDDLE and HIGH SCHOOL INDOOR LACROSSE CLINIC

A DAY WITH NEC LACROSSE *and*
AN EVENING WITH NEC ICE HOCKEY

*****GENERAL INFORMATION*****

****LIMITED TO FIRST 50 PLAYERS**

****CERTIFIED ATHLETIC TRAINER ON SITE**

WHEN: Saturday, January 23rd, 2009

TIMES: Registration from 12:00 p.m. - 1:00 p.m.
Clinic begins at 1:00 p.m. sharp. 1-4 Clinic.
4:00 pm New England College Men's Hockey hosts
Williams College.

Players will be divided according to age and position.

WHERE: New England College – Henniker, NH
Indoor Field House - 75 YARD INDOOR TURF FACILITY

COST: \$30 per player. Either pre-registered or at the door.
Players should pre-register by Dec. 30th to ensure a spot.
(Make checks payable to NEC Mens' Lacrosse)

EQUIPMENT: REQUIRED - mouth guard, gloves, helmet, arm pads,
shoulder pads, turf / athletic shoes.

FORMAT: -Each Player guaranteed a minimum of 4 : 1 teacher ratio!
- 1:00 pm – 4:00 pm Instruction and specialized scrimmages.
- 4:00 pm **NEC Men's Hockey vs. Williams College**

ANY QUESTIONS? Curtis Gilbert, Head Men's Lacrosse
cgilbert@nec.edu
Phone: 603-428-2313 Fax: 603-428-6023

**NEWENGLAND COLLEGE
LACROSSE
2009 CHRISTMAS CLINIC**

REGISTRATION FORM

NAME: _____ **GRADE:** _____
DOB: _____ **AGE:** _____ **POSITION:** _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE: () _____
HIGH SCHOOL: _____
PHONE: () _____
EMAIL: _____
COACH /CONTACT PERSON: _____

Coverage for accidental injury is required by all participants. In most instances, family health insurance.

INSURANCE POLICY: _____ **Policy #:** _____

I/We, being the legal guardian(s) of the applicant, authorize New England College and their agents, permission to request medical treatment as necessary to insure the well-being of my dependent.

Guardian(s) Signature: _____ **DATE:** _____

I/We the undersigned, for ourselves, our heirs, executors, and the administrators, waive and release and forever discharge New England College, its staff, officers, agents, representatives, employees, successors, and assigns of and from any and all rights and claims for damages to person or property which may be sustained or occur during participation in the clinic.

I/We understand that the applicant is in good physical condition, allowing him to participate in the Pre-Season Clinic.

Guardian(s) Signature: _____ **DATE:** _____

PLEASE RETURN FORM TO: Curtis Gilbert
Men's Lacrosse Office
98 Bridge St.
Henniker, NH 03242

OR FAX TO: 603-428-6023 ATTN: CURTIS GILBERT

CHECKS PAYABLE TO: NEW ENGLAND COLLEGE MEN'S LACROSSE