University of Rochester Elite Lacrosse Clinic

University of ROCHESTER welcomes you…

Date: Sunday October 14, 2012

Time: 9:00 am – 10:00 am: GK Session
      10:00 am – 3:00 pm: Clinic

Grades: 9th-12th

Location: University of Rochester Fauver Stadium

Cost: $40.00 per player
      $50.00 GK’S *Includes specialty session
      *Clinic fee includes lunch

Come play with the best!

Join us for this wonderful lacrosse event on the beautiful campus of the University of Rochester.

CLINIC SCHEDULE
9:00-10:00 am: GK Training
10:00-12:00 noon: Clinic
12:30 pm: Lunch on campus
1:30 pm: Information session with University of Rochester Admissions
2:00 pm: Campus tour

MELIORA “EVER BETTER”

RESERVE YOUR SPOT TODAY!

SECURE A SPOT BY EMAILING COACH BEHME

*REGISTRATION DEADLINE IS SATURDAY SEPTEMBER 1, 2012

Sue Behme Head Lacrosse Coach • sbehme@sports.rochester.edu • 1116 Goergen Athletic Center P.O. Box 270296 Rochester, NY 14627 • (585)-245-1030
University of Rochester
Elite Lacrosse Clinic
Registration Form

Player's Name: ______________________________________________

Address: __________________________________________________________________________

City: ________________________ State: ________ Zip: __________________

Phone: _____________________________________________________________

Emergency Name & Phone: __________________________________________

Email: _____________________________________________________________

Grade to enter in Fall 2012: __________

Age during clinic: ________

Position: Field Player ________ Goal Keeper ________ (please check if applicable)

Payment (expected in full):  ☐ Check / Payable to University of Rochester
☐ VISA  ☐ MasterCard

Amount enclosed or to be charged to card #: $___________

Card #:__________________________ Exp: __________

Signature: __________________________________________________________________________

Parent or Guardian Consent:
In consideration for allowing my daughter to participate in the Rochester Lacrosse Clinic, I, as
his/her parent/guardian, represent and affirm to the Rochester Lacrosse Clinic that:
1. I understand that participating in athletics and other clinic activities involves a risk of injury or
other harm.
2. All such risks are being assumed knowingly and voluntarily, including but not limited to those
associated with travel to and from clinic activities.
3. I will not hold the University of Rochester, its employees and agents, clinic directors and staff
members responsible for any injury or other harm that results from participation in the clinic, unless the injury or harm is
caused intentionally or by gross negligence.
4. My daughter is in good health and has no physical condition that would prevent her
from participation in the clinic.

Parent's Printed Name: _________________________________________________

Signature: ____________________________ Date: ______________

Insurance Carrier: ____________________________ Policy #: _________________

*PLEASE RETURN THIS FORM AND FULL PAYMENT TO COACH SUE BEHME AT ADDRESS BELOW*