Curry Women’s Lacrosse ID Clinic

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Description automatically generated

DATE: Sunday October 30th, 2022  
TIME: 2:00-5:00 pm   
LOCATION: Walter M. Katz Field, Curry College  
FEE: $75

AGES: Grades 8-12

\*Please make checks payable to **CURRY COLLEGE WOMEN’S LACROSSE**

CLINIC SCHEDULE:

8:30 Registration @ KATZ FIELD   
9:00 STAFF INTRODUCTION and WARM-UP  
9:20 SKILLS and STATIONS

10:15 SMALL SIDED GAMES

10:45 LUNCH and Q&A

11:30 FULL FIELD SCRIMMAGE

12:25 COOL DOWN

\*\* Staff will consist of current women’s lacrosse staff and current Curry Women’s Lacrosse players

Registration includes LUNCH

Please complete the registration form and liability forms and mail it with your payment

Curry College Women’s Lacrosse 1071 Blue Hill Avenue Milton, MA, 02186

\*If you want to bring a check the day of the clinic, you must **sign and scan registration and liability forms and send through email to secure your spot:** [sarah.dacey@curry.edu](mailto:sarah.dacey@curry.edu)

**Registration Form**

Please complete this form and mail it with your $75 registration fee (Check payable to Curry College Women’s Lacrosse):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Year: \_\_\_\_\_\_\_\_\_\_ Club Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release of Liability

I hereby give my consent to allow my child to attend the Curry College Women’s Lacrosse clinic. I understand and agree that Curry College Women’s Lacrosse clinic does not provide medical insurance covering injuries of any nature. The undersigned hereby releases Curry College Women’s Lacrosse clinic, its successors, officers, agents, and employees from any and all claims, demands and causes of actions resulting from participation in Curry College Women’s Lacrosse clinic. I hereby authorize the directors of the Curry College Women’s Lacrosse clinic to act within their best judgement in case of an emergency requiring medical attention. Further, I agree to indemnify, defend and hold harmless Curry College from any and all claims, demands and causes of action that arise from any negligent acts, conduct or omissions attributable to the camper’s participation in the Curry College Women’s Lacrosse Clinic.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Office #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_