



# 4<sup>th</sup> Annual Nashoba Girls' Lacrosse Youth Clinic



Saturday, May 20, 2017, 8am to 11am  
Grades K - 8

Nashoba Regional High School – Stadium Turf Field

**REGISTRATION:** Players must have a valid US Lacrosse membership. Players who register before 5/10/17 will receive a t-shirt!

**COST:** \$35.00 per player (sibling discount offered - \$60 for 2 siblings). Checks should be made payable to Nashoba Athletics Booster Club (NABC). **Send check and completed form to Nashoba Girls' Lacrosse, 12 Green Road, Bolton, MA 01740**

**CLINIC STAFF:**

Tammy Fortune, NRHS Varsity Coach  
Paula Junker, NRHS Jr. Varsity Coach  
Experienced NRHS varsity players

**EQUIPMENT:**

Players must provide their own equipment\* and water (Goggles, stick, & mouth guard required)  
Players can wear sneakers or cleats on the turf

Questions? Email Coach Fortune at [tfortune@nrsd.net](mailto:tfortune@nrsd.net)

All proceeds benefit the Nashoba Regional High School Girls' Lacrosse Program. Thank you for your support!

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

T-shirt size: Adult sizes only S M L XL (If not pre-registered cannot guarantee correct size t-shirt)

In case of emergency, notify (name/#): \_\_\_\_\_

\_\_\_\_\_ (Name of participant) is physically fit to participate in the activities of the Nashoba Girls' Youth Lacrosse Clinic. In the event of any medical emergency where representatives of the camp are unable to contact a parent or guardian of the above participant, I authorize the camp personnel to act in my child's best interest and render any necessary treatment, including hospitalization if necessary. I understand that the Nashoba Girls' Youth Lacrosse Clinic does not provide medical insurance for participants. In consideration for the athlete's participation in and enjoyment of the Nashoba Girls' Youth Lacrosse Clinic, instruction and facilities, I waive, release and forever discharge the camp, its coaches, directors, agents, promoters, and employees, Nashoba Regional HS and the town of Bolton, its officers, directors, agents, promoters, and employees from any responsibility from any and all liability, claim, loss, rights of action, or for accidents and medical or dental expenses present or future, anticipated or unanticipated, resulting from or arising out of or in incident to participation in this clinic. I waive and release Nashoba Girls' Youth Lacrosse Clinic and the town of Bolton and Nashoba Regional HS from any responsibility for possessions lost or damaged by weather, water, fire, theft or personal negligence or any injury or illness incurred while at the clinic or traveling to and from any clinic activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_