



**NOTRE DAME ACADEMY
FEBRUARY VACATION
YOUTH LACROSSE CLINIC**



Girls Grades 3-8

February 18, 19, & 20, 2013

2:00pm-5:00pm

Cohasset Sports Complex (Cohasset, MA)

Cost: \$ 75.00 per player



The Notre Dame Academy (Hingham) lacrosse team will be hosting its third annual February vacation clinic for girls in grades 3 – 8 at the Cohasset Sports Complex (34 Crocker Lane, Cohasset, MA 02025). Coach Meredith Frank, along with Notre Dame Academy lacrosse players, welcome both new and experienced players to develop the basics of stickwork, shooting, dodging, and defense through individual instruction, game situations, and challenging competitions.

Contact: Meredith Frank, meredithfrank@gmail.com
or call 781.710.5668

To Register: Fill out the registration form/waiver and send with your check, payable to *Notre Dame Academy*, to: Meredith Frank, 9 Conifer Lane, Westwood, MA 02090.

**Walk-up registration welcome!
NDA Player Referral: Kelsey Bowen**

*Notre Dame Academy February Vacation Youth Lacrosse Clinic
Registration Form/Waiver*

Participant Name: _____

Email, please print: _____

Grade: _____ DOB: _____

Address: _____ Town: _____ Zip: _____

Phone #: _____ Cell #: _____

Emergency Contact: _____ Phone #: _____

Health Insurance Company: _____

Policy Holder: _____ Policy #: _____

Please list any health concerns: _____

Are you a US Lacrosse member: YES _____ NO _____

US Lacrosse Number: _____ Expiration Date: _____

CONSENT TO PLAY AND LIABILITY RELEASE:

I acknowledge that lacrosse is a high-speed sport which may involve some contact. I am aware of no medical conditions, illnesses, or injuries that would prevent my child from participating in all aspects of this lacrosse clinic, except as follows: (Please state medical condition and provide a letter from the child's health care provider indicating the limitations or restrictions for the child's participation:

I hereby give permission to provide emergency medical assistance to my child in case of accident or injury. I agree to indemnify and hold harmless Meredith Frank, Notre Dame Academy, and any individual working as an officer, coach, employee, agent, or volunteer or in any capacity for this clinic, for all injuries, damages, causes of actions or claims for personal injuries or property damage, arising from my child's participation in this clinic.

Signature of Parent/Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____

*Please send completed registration form with a check payable to Notre Dame Academy to:
Meredith Frank, 9 Conifer Lane, Westwood, MA 02090.*