



University of Minnesota
Girls Lacrosse Pre-Season Player & Coaches Clinic

- Who:** Beginning, intermediate and advanced players (5th-12th grades)
When: Sunday, February 21 (11:30am – 3:30pm) (Reg/Check in begins at 11am)
Where: University of Minnesota Fieldhouse
1800 University Ave SE
Minneapolis, MN 55455
Cost: \$65 (Field players and goalies)* (\$70 for walk-ins)
\$40 (Coaches)**
Donation: *Voluntary* – bring emergency supplies listed on attached flyer to donate to help surviving children in Haiti.



**Field players* will be placed in small groups based on experience and can be placed with team mates from school team - learning and practicing the latest stick skills in the women's game; core conditioning with kettlebells; improving your first step through speed training drills; developing more advanced shooting and defensive techniques; learning basic rules of the game (if first-year player). *Goalies* will receive specialized training. (USLacrosse membership not required.)

***Coaches* will receive drill packets (new drills for speed training, etc.) and rotate among player stations to learn more from clinic coaches about conditioning their athletes, goalie drills, defensive strategies, shooting skills, etc.

Please note each year's clinic has new drills, new structure so coaches and players are not repeating what they've already learned!! We like to keep things innovative and fun each year!!!

Clinic Staff:

- UofM women's lacrosse players (#18 in the WDIA for 2010 USLacrosse Preseason poll!)
- UofM Head coach (and attack coach), Jan Holdsworth, the 2008 WDIA Co Coach-of-the-Year
- UofM Asst coaches, June Wheeler (goalies/defense); Emily Gray (defense/midfield)
- Guest coaches who are former NCAA DI and DIII players

Registration Information:

- 1) Register in advance by mailing attached registration form and check to Lacrosse Connections, LLC. (Mail to: Erin Searcy Larson, 414 Fulton Street, St. Paul, MN 55102 by February 18th). ***Clinic proceeds will go to the Gophers team to help defray the costs of their travel to play nationally-ranked teams across the U.S.***
- 2) Day-of registration and check-in will begin at 11:00am on the day of clinic at the Fieldhouse.

Equipment:

Please bring your lacrosse stick, goggles, mouthguard, indoor running shoes, water bottle, and snack if needed. (Goalies, please bring your equipment!)

The University of Minnesota is an equal opportunity educator and employer.
This publication is available in alternative formats upon request.
Please contact Kori Shingles, Sport Clubs Program, 108 Cooke Hall,
1900 University Ave SE, Minneapolis, MN 55455, 612.626.8014

2010 Preseason Girls Lacrosse Clinic
University of Minnesota Women's Lacrosse Team
Lacrosse Connections, LLC

Schedule: 1 clinic – Sunday – February 21 – 11:30-3:30 (Registration begins at 11:00am)

Location: Field House, University of Minnesota

Cost: \$65 per player – Bring stick, approved goggles, mouth guard, sneakers/cleat & water

Who can play: Girls in grades 5- 12 – beginner, intermediate and advanced

Registration and Consent Form

Please complete and return this registration form along with your check (make checks out to “Lacrosse Connections, LLC”) by February 18, 2010

Erin Scearcy Larson, 414 Fulton Street, St. Paul, MN 55102

Player Name _____ Email _____
Address _____ School Team _____
City _____ State _____ Zip _____
Phone (H) (____) _____ (C) (____) _____

School Grade (2009-2010): ___ 5th ___ 6th ___ 7th ___ 8th ___ Fresh ___ Soph ___ Junior ___ Senior

Lax Position: ___ Goalie ___ Defense ___ Midfield ___ Attack (check one)

of years you have played lacrosse: _____ Team/program: _____

Player/Parent Consent and Agreement (parent signature required)

1. **Acceptance of Participation:** In accordance with the rules of the 2010 Preseason Clinic I give my consent and approval for the above named child to participate.
2. **Readiness to Compete:** I believe my child is physically and psychologically prepared to compete in this 2010 clinic event.
3. **Medical Attention:** I hereby give my consent to the 2010 Preseason Clinic sponsors to provide through medical staff of its choice, transportation and emergency medical services as warranted in the course of my child's participation in this 2010 clinic.
4. **Waiver and Release:** I am fully aware and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of myself, my child playing in the league, my heirs and personal representatives, that the 2010 Preseason Clinic, Lacrosse Connections, LLC, the University of Minnesota, and the host facility, along with coaches, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my child's participation in the league.
5. **Approved Equipment:** I hereby certify that all equipment (including goggles, goalie helmets, lacrosse sticks, and all other gear) used by my child in the 2010 Preseason Clinic meets standards required by US Lacrosse.

Player Signature: _____ Player Printed Name: _____ Date: _____

Player Signature: _____ Player Printed Name: _____ Date: _____

Participant Primary Insurance Carrier: _____ Policy Number: _____

Paid for and distributed by Lacrosse Connections, LLC / NO REFUNDS, unless the clinic is cancelled.
Any questions, contact Janet at 763-391-6494 or at hold0062@umn.edu or Erin at erin.scearcy.larson@gmail.com

This event is, in part, a fundraiser for the University of Minnesota Women's Lacrosse team. The revenues generated by the clinic will go to support this club-level team and its players.

University of Minnesota
Sport Clubs Program
Gopher Women's Lacrosse Clinic

RELEASE OF LIABILITY AND ASSUMPTION OF RISK
EMERGENCY CONTACT AND CONSENT TO TREAT

Club Sport or Special Event Activity: Gopher Women's Lacrosse Clinic Date(s): February 21, 2010

Participant's Name: _____ Phone: _____

Address: _____ State: _____ Zip: _____

In consideration of being allowed to participate in any way in the above listed club sport or club sport special event, related events and activities, I, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in these sport events is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation; and
3. I acknowledge and consent to the use of video recordings and photographs of my participation in promotional activities conducted by Releasees; and
4. I willingly agree to comply with the stated instructions and policies and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
5. I understand that if I choose to drive my own vehicle or be a passenger in a non-University vehicle while traveling to and/or from a Club Sport or Club Sport Special Event, University automobile liability insurance coverage will not apply; and
6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold Regents of the University of Minnesota, the Department of Recreational Sports, the Sport Club Program, and their officers, officials, agents and/or employees, other sport participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event or activity ("Releasees") harmless with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature _____ Date _____

(If participant is under the age of 18, parent/legal guardian signature)

I understand, agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state that I have no medical condition or impairment that might inhibit my safe and active participation in the above listed activity. In addition, I understand that the University does not provide medical insurance coverage for activity participants and that any applicable medical insurance must be provided individually by such participants. In the case of injury or medical emergency and in the event participant, or their parent or guardian, cannot respond at the time of the emergency, University has permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for participant's welfare, and it is understood that participant, and not University, shall be responsible for any and all charges for such health care services regardless of whether participant's medical insurance would cover such charges.

Signature _____ Date _____

(If participant is under the age of 18, parent/legal guardian signature)

Printed Name _____ Phone _____

I am the parent or legal guardian of the minor _____, and I am signing this release on behalf of the minor. (print child's name)

Emergency Contact Information

Contact's Name _____ Relation _____ Phone _____



ON THE FOREFRONT OF THE HAITI RELIEF EFFORT:

- Our onsite Medical Clinic continues to handle thousands of earthquake victims shuttled in from Port Au Prince.
- We are feeding 45,000 people daily out of our Food Distribution Warehouse in Haiti.
- We maintain an Orphanage of 65 children and 14 Schools with approximately 6,000 children.
- We are 45 minutes from Port Au Prince and 7 miles from the Dominican Republic.

EMERGENCY SUPPLIES NEEDED:

Items may be mailed OR dropped off at our Relief Center:

Love A Child, Inc., 9304 Camden Field Pkwy., Riverview, FL 33578 • (813) 621-7263

General Supplies

- Private Aircraft for Supply Drops
- Tents
- Distilled Water
- 5 Gallon Buckets
- Large Heavy Duty Garbage Bags
- Soap (Liquid)
- New Blankets and Sheets
- Baby Formula (Powder / Liquid)
- Disposable Diapers

Medicines

(Please note: all medical supplies must have a minimum of 18 months left on their expiration dates when shipped.)

- Clotrimazole Antifungal Cream, Lindane, Vaseline
- Antibiotics (Ampicillin, Amoxicillin, Tetracycline)
- Adult / Child: Fever, Pain, Cough & Anti-Diarrhea Meds

Medical & Surgical Supplies

- All General Surgical Supplies (Gowns, Gloves, Needles, Sponges, etc.)
- Gauze Bandages, Squares, & Ace Bandages
- Alcohol Pads, Band Aids, & Medical Tape
- Saline Solution & Hydrogen Peroxide

***Monetary gifts may be made on our website - www.LoveAChild.com,
OR mailed to PO Box 30744, Tampa, FL 33630***