



# 2015 Girls' Lacrosse Youth Clinic for 1<sup>ST</sup>-8<sup>TH</sup> Graders



Presented by: The Girls' Lacrosse Players & Coaches  
of Chatfield Senior High

The coaching staff has designed a clinic which will provide girls with a fun and valuable lacrosse experience. The coaches and members of the girls' lacrosse team will provide instruction and useful feedback, emphasizing development of fundamental skills, including ground ball possession, passing, catching, and shooting. The clinic will also help girls develop game-play skills, all in an enjoyable and encouraging environment.

**WHERE:** Chatfield Senior High (lower Auxiliary Field, north side of school)

**WHEN:** June 1, 2, 3 (Mon, Tues, Weds), 2015

**1st - 4th Grade**

8:00 a.m. - 10:00 a.m.

**5th - 8th Grade**

10:15 a.m. - 12:15 p.m.

**WHO:** Incoming 1st - 8th grade levels  
**No experience necessary!** All levels welcome!

**FEE:** Early Registration Fee \$50/ Walk-on, day of camp \$55

**INCLUDED:** Clinic, reversible lacrosse pinny, snacks, and LOTS OF FUN!

**WHAT TO BRING:**

- If you have a stick and goggles, bring them. Otherwise, the camp will have extra sticks and goggles to loan to girls who do not have their own.
- **Mouthguard**
- Comfortable clothes and shoes appropriate for running.
- **Water bottle** - the camp will have large water coolers to refill water bottles
- Snacks, if your daughter has allergies or dietary restrictions, please note where indicated.

Any Questions? Contact Head Coach Adam Everett : [COACH@CHATFIELDGIRLSLACROSSE.COM](mailto:COACH@CHATFIELDGIRLSLACROSSE.COM)  
or visit [www.chatfieldgirlslacrosse.com](http://www.chatfieldgirlslacrosse.com)

# Chatfield Girls' Lacrosse Youth Clinic REGISTRATION

Early registration must be received by Wednesday, May 27, 2015.

Please fill out this entire form. *Note that an athlete CANNOT participate if we do not receive a completed waiver.*  
Send check payable to Chatfield Senior High to:

Adam Everett  
7227 S. Simms St.  
Littleton, CO 80127

Player Name: \_\_\_\_\_ Fall 2015 Grade \_\_\_\_\_ Fall 2015 School: \_\_\_\_\_

E-Mail \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

Years of LAX Experience: \_\_\_\_\_ Will you need a lacrosse stick to use? \_\_\_\_ YES \_\_\_\_ NO

Pinny Size (please circle):    Adult S    Adult M    Adult L    (these run small and the girls like to wear them big)

I fully understand that the Jefferson County Schools do not provide any accident or health insurance coverage for my daughter while participating in the Chatfield Girls' Lacrosse Youth Clinic at Chatfield High School. The clinic will take place on June 1- June 3, 2015. I fully understand that it is my responsibility to provide insurance for my daughter.

## Emergency Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent/Guardian                      Home                      Cell                      Business

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relative (or authorized individual)                      Home                      Cell                      Business

Parent/Guardian                      Athlete

Date: \_\_\_\_\_ Signed: \_\_\_\_\_