



Swampscott Girls Youth Lacrosse Clinics



Open to girls in grades 1-8. All skill levels welcome!

4:00-5:30 on Sunday afternoons at Swampscott High School Gym. 2/21, 2/28, 3/6, 3/13 & 3/20.

Players will be grouped with similar age and skill level.

Mouth guards, sneakers, goggles, water & stick required at all clinics.

\$95.00 payable to: Swampscott HS Girls Lacrosse Boosters

Conducted by the coaching staff, players of Swampscott High School, SNYL and college players.



Swampscott High School Girls Varsity Coach Al Eaton

Swampscott High School Varsity Coach, Revolution Lacrosse Club Staff Coach, US Lacrosse Certified Game Official

US Lacrosse CEP 3 certified, MIAA Certified Coach, NSCAA Director of Coaching Diploma, CPR & First Aid Certified

Coach Eaton believes in a building block approach to teaching game skills. This approach breaks down each activity into easy to understand points. This simplifies the proper technique, making learning easier, creating confidence.

The building blocks approach applies to all ages and levels from beginner to high school. Skills covered: Passing, catching, cradling, ground balls, shooting and defending.

Participant's Name _____ DOB _____ Grade _____
Address _____
Parent/Guardian Name(s) _____
Email _____

Medical Consent / Release of Liability / Emergency Contact: *I certify my child is in good physical health and has my permission to participate in all activities. I authorize diagnostic, surgical, medical and hospital procedures as prescribed by a physician. If I cannot be reached in an emergency, neither I nor my child will bring any claims of any kind against the camp, owner, staff, instructors, or sponsors as a result of any injuries, expenses or damages that I or my child suffer in connection with participation in the program(s). I also authorize the camp to have and use photographs or video tapes of my child as may be needed for its public relations programs.*

Parent/Guardian Signature: _____
Primary Contact During Camp Name: _____
Primary Contact During Camp Phone: _____
Physician/Group Name: _____ Phone: _____

Medical Insurance Company Name: _____

Is there anything the coach should know about your child?: _____

Please contact Al Eaton with any questions. 781-771-6393 swampscottlax@gmail.com

Mail completed form and \$95.00 check (Payable to SHS Girls Lacrosse Boosters) to:

SHS Lacrosse Boosters c/o Sue Rosa 37 Wharf Street Nahant, MA 01908

Registrations also accepted at clinic.