

## THE CLINIC

This will be the seventh summer of the College Connections Lacrosse Clinic. This year's staff will include college lacrosse players from multiple high level lacrosse programs. All of the instructors grew up playing lacrosse locally and want to give back to the game they know and love. Through lacrosse, the instructors have been able to maximize our educational opportunities and make life-long friendships.

The goal of our clinic is to share our knowledge and love of the game. Numbers will be limited to ensure a great counselor to player ratio. We want participants to have as many one-on-one interactions with college players and coaches as possible. We will also share our high school and college recruiting experiences, stressing the importance of academics.

Each day of the clinic will consist of two playing sessions. The first session will focus on individual skill development while the later session will include scrimmages and work on team concepts. All players will receive a coach's evaluation at the conclusion of the clinic.

### DAILY SCHEDULE

8:30	Registration (First Day Only)
9:00	Attendance, Announcements, Stretching and Warm-Up
9:20	On Field – Individual Skills
11:50	Lunch
12:30	Coaches' Demonstrations
1:00	On Field – Team Concepts and Games
3:00	End of Day Parent Pickup

## LAST YEAR'S STAFF

**ROBERT TREIBER III**– Goalie • Medfield High School Class of '14 • MHS Captain '14 • Tri-Valley Player of the Year '14 • Boston Globe D2 Player of the Year '14 • First Team All American • Tufts University Class of '18

**MATT CROWELL** – Midfielder • Medfield High School Class of '14 • MHS Captain '14 • 2 Time All American • Bowdoin College Class of '18

**BLAKE FRASCA** – LSM/Defense • Medfield High School Class of '14 • Rensselaer Polytechnic Institute Class of '18

**BRIAN BISSELL**– Midfielder/Face Off • Medfield High School Class of '14 • Williams College Class of '18

**MATT CAHILL**– Midfielder • Medfield High School Class of '14 • Boston College Class of '18

**MATT TREIBER**– Attack • Medfield High School Class of '16 • Tufts University Class of '20

**Additional college players and coaches will be on staff to ensure a great player to coach ratio.**

## STRINGKING LACROSSE

All participants will receive a free mesh kit and drawstring bag from StringKing Lacrosse. Participants will also receive a free water bottle.

## LOCATION

Hospital Hill Fields,  
46 Hospital Rd, Medfield, MA 02052

## COST

\$295

## WHAT TO BRING

### EQUIPMENT:

All participants are expected to bring their own equipment. Equipment should include helmet, shoulder pads, arm pads, gloves, mouth guard, and grass cleats. Extra clothing and socks are also a good idea.

### MEALS:

Participants must bring a bag lunch. Each participant will receive a water bottle that should be brought each day. No food will be provided by the clinic.

## GOALIES

Goalies will get plenty of one on one work. Every goalie will be filmed as part of their evaluation and will receive that film at the conclusion of the clinic.

## Parental Permission and Liability Waiver

Please read the following statement. Your signature on the registration form confirms your understanding.

*I understand that neither College Connections Lacrosse, LLC, nor anyone associated with the lacrosse clinic, will assume any responsibility for accidents and medical or dental expenses incurred as a result of participation in the program. The applicant is in good health, is covered by insurance, and is able to participate in a rigorous program. In the event of injury or illness, I authorize the clinic to act for me according to their best judgment in providing medical care.*

# Application Form: COLLEGE CONNECTIONS Lacrosse Clinic

Sessions: \_\_\_\_\_ Session 1: JULY 11 – JULY 14

Tuition: \_\_\_\_\_ Full payment of **\$295**

\_\_\_\_\_ Nonrefundable deposit of **\$100** enclosed (Rest of balance due at registration)

Player's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade(entering): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Day Tel. \_\_\_\_\_ Cell: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Player Email: \_\_\_\_\_

Parental Signature (see statement inside): \_\_\_\_\_ Position Played/Years Experience \_\_\_\_\_

Insurance carrier and ID number: \_\_\_\_\_

**ALL PARTICIPANTS MUST SUBMIT AN IMMUNIZATION HISTORY FORM,  
THIS REGISTRATION FORM, AND A DEPOSIT CHECK.**

Make checks payable to College Connections Lacrosse, LLC.

If we are forced to cancel more than a half day due to inclement weather(lightning) we will have a make up day on the Friday following the final day of the clinic. We will not give refunds for cancellations due to inclement weather.

Registration forms, checks, and immunization history should be mailed to: **College Connections Lacrosse LLC**

**42 Curve Street  
Medfield MA 02052**

Contact us at with any questions at: [CollegeConnectionsLacrosseLLC@gmail.com](mailto:CollegeConnectionsLacrosseLLC@gmail.com)

## COLLEGE CONNECTIONS LACROSSE CLINIC 2016 July 11 – July 14



Former Instructor and Boston Cannons Midfielder, Kit Smith

**A CLINIC RUN BY  
CURRENT AND FORMER  
COLLEGE PLAYERS  
FOR BOYS ENTERING  
GRADES 4-9**

Hospital Hill Fields, Medfield, MA