

# GIRLS SUMMER LACROSSE CLINICS

Instructor: Beth Nave (Varsity Lacrosse coach at Oakdale High School)



- \*Mondays from June 27<sup>th</sup> through last Monday in July**
- \*basic skills and team work, perfect for the beginning player or the experienced player looking to have individualized instruction.**
- \*must have mouthguard, goggles and stick**
- \*two age groups**
  - entering K-3 in Fall (5:30-6:30 p.m.)**
  - entering 4-8 in Fall ( 6:30-7:30 p.m.)**
- \*Held at Friendship Valley Elementary School**
- \*No rain dates**
- \*Camp Instructor: Beth Nave: current coordinator of WAX lacrosse and Varsity Lacrosse Coach, over 20 years coaching experience. Other instructors will include college and high school players.**
- \*Contact Beth Nave at [evynave@comcast.net](mailto:evynave@comcast.net) or 410-857-9363 for questions**
- \*\$50 for the clinics**

**Register by mailing form below and check payable to SLICC:**

**Beth Nave  
103 Alto Ave.  
Westminster, MD 21157**

**Make checks payable to SLICC. Mail form and fee to:**

**Nam:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email Address(Print):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

All communication regarding cancellation and schedules will be through email.

**Grade entering in Fall 2011:** \_\_\_\_\_ **Lacrosse experience(yrs.)** \_\_\_\_\_

**School attending in Fall 2011:** \_\_\_\_\_

By filling out this form I understand that I have been informed as to the nature of this program and that the program has certain risks of potential injury for those who participate. I understand and acknowledge that the Westminster Area Recreation Council and the Westminster Area Lacrosse does not provide any registrant medical or hospitalization insurance whatsoever and hereby waives any and all claims or liability against the Westminster Area Recreation Council, Carroll County Government and the Westminster Area Lacrosse for injuries sustained while participating in any practices, games or traveling to and from games or participating in any leisure time activity. I acknowledge that the participant must adhere to all rules and instruction pertaining to the safety of the participants. Failure to do so may result in the exclusion of my child from participation in this program.

**Parent or Guardian Signature:** \_\_\_\_\_