

Deep Run High School Lacrosse Clinic

Join the members of the Pennridge High School Girls LAX team along with some Deep Run LAX coaches for a clinic for beginners through experienced Lacrosse girls ages 1st grade – 8th grade. We will learn the fundamentals of lacrosse including better passing, catching, cradling and ground balls. Our staff will also do some position specific training. Registrants will be given the chance to learn new positions or fine tune their position skills. These clinics are focused on having fun and learning more about this sport we all love!

WHEN: 4 sessions

Tuesday, June 28

Wednesday, July 6

Thursday, July 14

Tuesday, July 19

WHERE: Telegraph Fields

TIME: 6 – 7:45pm

COST: \$25 per session



Please fill out the info below and return it to Sarah Prebis at: 115 Brinkley Drive, Sellersville, PA 18960.

Make checks payable to Deep Run Sports Association. \$25 per session. Any questions, email Sarah at:

smills42000@yahoo.com.

PLAYERS NAME _____ AGE _____

PARENTS NAME _____ EMAIL _____

ADDRESS _____

PHONE NUMBER _____

Please choose session (s):

6/28 _____ 7/6 _____ 7/14 _____ 7/19 _____

Total paid: _____ Check number _____

I/We, the parents of the above named player, who is a candidate for the Deep Run Summer Lacrosse Clinic, hereby give my/our approval for his/her participation in any and all of the activities of the League during the current season. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We do further hereby release, absolve, indemnify, and hold harmless Deep Run township staff, Board of Commissioners, the League, the Organizers, the Supervisors, any or all of them in case of injury to my/our son or daughter. I/We hereby waive all claims against Deep Run township staff, Board of Commissioners, the League, Organizers, or any of the Supervisors appointed to them. I/We likewise waive to the extent not covered by liability insurance and claims against any person transporting my/our son or daughter to or from the activities.

I/We, the parent/parents (hereinafter referred to as Parents) thereto above-named player, hereby consent to his/her participation in the League program and all activities related thereto. Parents are hereby advised that no player may participate in the program unless he/she has appropriate medical insurance coverage for any accident, mishap, and/or injury arising out of his/her participation in the program or any activity related thereto. Parents hereby acknowledge and represent that the above-named player is presently covered by appropriate medical insurance and will continue to be covered during his/her participation in the program. No refunds will be given unless program is cancelled.

Parents Signature _____ Parents name (print) _____