


*WILLIAM & MARY*  
**ATTACK THE  
PIPES**  
*LACROSSE CLINIC*



Tune up your lacrosse stick & game strategy this fall! Join the women's lacrosse team and coaches on Sunday, October 17<sup>th</sup> from 9:00 am – 12:00 pm. The clinic is designed to help you, 7<sup>th</sup>-12<sup>th</sup> grade lacrosse players, raise your level of play through providing:

- the most updated instruction in stickwork technique
- active skill intensive stations,
- offensive, defensive, & special situation strategy

The day will include individual instruction, small game-like situations and team play.



## INFORMATION

**Date:** Sunday, October 17, 2010

**Time:** 9:00 am – 12:00 pm

**Location:** Busch Turf Field on the William and Mary College Campus

**Cost:** \$45

**Team Discount:** \$40 per player if you sign up with 7 or more teammates from your high school or club team \*YOU MUST SEND IN ALL OF YOUR REGISTRATION AND PAYMENT TOGETHER\*

**Level:** Grades 7<sup>th</sup> – 12<sup>th</sup>, Beginner to Advanced

**What to Bring:** Stick, goggles, mouthguard, water bottle, shoes for astro-turf surface and grass surface. NO CLEATS ALLOWED!!

\*GOALIES MUST SUPPLY ALL OF THEIR OWN EQUIPMENT \*

**Registration:** 8:15am – 8:45am at William & Mary Hall

**Objective:** Learn from the best players & coaches in the country to raise your level of play!

**\*\*\*\*CASH ONLY PLEASE FOR WALK-UPS or SAME DAY REGISTRATION\*\*\*\***

See page 2 for registration and waiver ☺

# ATP LACROSSE CLINIC REGISTRATION

THE COLLEGE OF WILLIAM & MARY  
OCTOBER 17, 2010

Please Mail Registration Form, Waiver & Checks Payable To:  
Attack the Pipes Clinic \*PO Box 399\* Williamsburg, VA 23187

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Parent / Guardian: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
High School: \_\_\_\_\_ Club Team: \_\_\_\_\_  
Years Played: \_\_\_\_\_ Circle One:    Beginner                      JV                      Varsity  
Position: \_\_\_\_\_

Please Check One:

\$45 Individual Clinic Fee

\$40 Team Discount (Please list 7 other teammates to receive discount)

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	

We look forward to seeing you in October!! If you have any questions, please contact Shannon Burke at [slburke01@wm.edu](mailto:slburke01@wm.edu) or call 757-221-3388

## INSURANCE INFORMATION:

Company Name: \_\_\_\_\_ Policy Holders Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

\_\_\_\_\_ This policy will cover any injury incurred at the clinic

\_\_\_\_\_ I do not have sickness or accident insurance, but will not hold the College of William and Mary responsible in the event my child is injured.

## WAIVER

I understand the physical risks involved with the participation in lacrosse, and hereby release the College of William and Mary and the clinic staff from responsibility for injury that may occur to my child on the way to, during or returning home from the clinic. I approve of my child's participation, and verify that she is in good health.

\_\_\_\_\_  
Parent or Guardian Name (Please Print)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

## ADDITIONAL INFORMATION

Please list all known allergies or medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*NOTE: There will be a certified athletic trainer on duty at all times during the clinic. Also, each member of the William and Mary staff is certified in CPR.

**PLEASE FILL OUT AND RETURN. YOUR CHILD WILL NOT BE ABLE TO PARTICIPATE WITHOUT THE ABOVE INFORMATION!!!**