

Boy's Lacrosse Beginners and Positional Clinic

@ Drew University

Thursdays, November 5th, 12th, and 19th

Time: 6:30pm – 8:00pm

Place: Simon Athletic Forum, Drew University

Clinicians: **Matt Poskay**- Drew Assistant, Boston Cannons, Team USA, UVA All-American

Tom Leanos- Drew Head Coach, NJ Hall of Fame

Members of the Drew University Men's Lacrosse Team

1st – 3rd graders Beginners Clinic

4th – 8th graders Positional Clinic (Attack, Midfield, Defense, Goalies)

All players will be divided into beginner, intermediate, and advanced skills.

Player's are responsible for bringing all necessary equipment.

The 1st and 2nd graders are likely to use the soft lacrosse ball.

All proceeds from the November 5th clinic will be donated to Goryeb Children's Hospital at Morristown Memorial.

Check the sessions you will attend:

November 5th (\$40 in advance, \$45 at the door)

November 12th (\$40 in advance, \$45 at the door)

November 19th (\$40 in advance, \$45 at the door)

All clinics (\$100 if paid in advance, \$20 discount for attending all if paid in advance)

Make Checks payable to Drew University

Send Checks to: Tom Leanos Drew Men's Lacrosse 36 Madison Ave. Madison, NJ 07940

Please call (973) 408-3573 or email tleanos@drew.edu with any questions.

Name: _____

Cell Number: _____

Address: _____

Grade: _____ Team: _____ Position: _____

Email: _____

Release and Medical Treatment Authorization

In consideration of and through my involvement in the Drew University Men's Lacrosse Clinic, I (or on behalf of my minor child) acknowledge and agree that I RISK BODILY INJURY, INCLUDING PARALYSIS, DISMEMBERMENT, AND DEATH, as well as LOSS OR DAMAGE TO PROPERTY; I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS; and RELEASE, HOLD HARMLESS and PROMISE NOT TO SUE THE OFFICIALS, AGENTS AND/OR EMPLOYEES WITH RESPECT TO ANY AND ALL SUCH INJURY, PARALYSIS, DISMEMBERMENT, AND DEATH, as well as LOSS OR DAMAGE (except that which is resultant of gross negligence and/or willful or wanton misconduct. I certify that (or on behalf of my minor child) in the event of injury or illness during my participation at the Drew University Clinic and that all costs are my responsibility.

Participant's signature: _____ **Date Signed:** _____

Parent/Guardian Signature: _____

Insurance Company: _____

Policy #: _____