

Instructional Winter Lacrosse Clinic for Girls

Highlights!

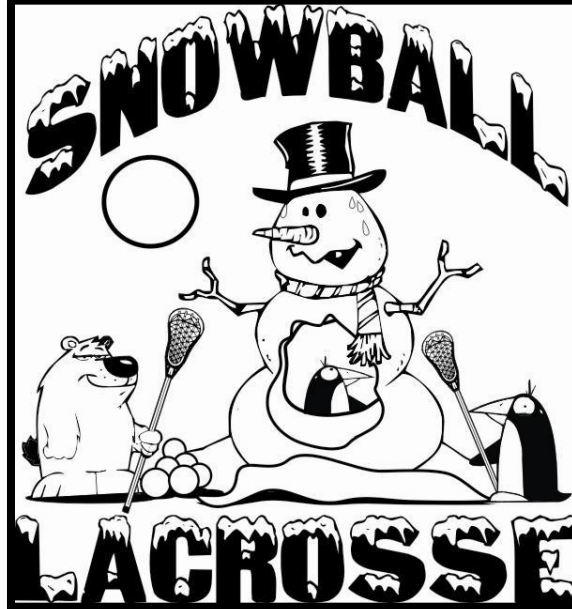
Register Before November 4th

- Ages 7-14: Early Registration Save \$15

Ages 4-6: \$60 at all times of registration

Register Before November 4th

Work with a High School Varsity Head Coach and High School Seniors and College Players



Mail Registration Form and Payment to:

Tara Buecker
602B Squire Lane
Bel Air, MD 21014

Checks Payable To:
TB9 LLC

Sundays

December 4th – February 19th
DeltaPeach Bottom Senior Center Gym

Players will engage in instructional sessions that will range from fundamentals to game like concepts. Each session will be age appropriate. A great opportunity to keep the stick in your hands before the spring season!!

LIMITED SPACE AVAILABLE!

10 Sunday Sessions

- *Times will be emailed after registration
- *DeltaPeach Bottom Senior Center Gym
- *Time Frame 2-8pm
- *1 hour sessions
- *Registration Fee includes clinic t-shirt

DEADLINE FOR REGISTRATION: December 1st

Contact Info:

Tara Buecker
Tbueck9@aol.com
410-937-7497

Age Groups/Price(before Nov. 4th)

4-6: Snow Bunnies	\$60
7-8: Penguins	\$120
9-10: Polar Bears	\$120
11-13: Snow Leopards	\$120

REGISTRATION after Nov. 4th = \$135 (ages 7-14)

Checks Payable To: TB9

Please indicate age level and player experience on registration form.
Players will be put in groups according to ability.

Beginner: 0-1 year of experience

Intermediate: 2-3 years of experience

Advanced: 5 or above years of experience

Competitive Advanced: 2-5 years experience – looking for a challenge to take it to the next level-possible club/MYLA level

Registration Form
DEADLINE FOR REGISTRATION: December 1st
Price increases AFTER November 4th!!

Circle Age Group:

Snow Bunnies (4-6) Polar Bears (9-10)
Penguins (7-8) Snow Leopards (11-13)

Circle Experience Level

Please read information sheet for description of each:

Beginner Advanced
Intermediate Competitive Advanced

Circle T-Shirt Size (adult sizes) : **Small Medium Large Extra large**

Participant Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____ Cell # _____ E-mail _____ (must include)

Father's Name: _____ Cell # _____ E-mail _____ (must include)

HOME PHONE: _____

Other Emergency Contact _____ Phone: _____ (must include)

Organization/school: _____

Medications _____

Other medical concerns/Injuries past or present: _____

Waiver of Liability:

- I hereby authorize the staff of the instructional clinic, TARA BUECKER and other coaches, to act for my child in accordance with their best judgment in any emergency requiring medical attention, and I hereby waive and release the program staff from any and all liability for any injuries incurred while at the clinic. I have no knowledge of any physical impairment that would be affected by the above named participating in the player clinic as outlined in this brochure.

Parent/Guardian Signature _____ DATE: _____

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