

Missouri Baptist University



2012 Pre-Season Clinic

High School Girl's Indoor Lacrosse Clinic
With instruction by Missouri Baptist coach and players

GENERAL INFORMATION

WHO: Girls middle through high school interested in the sport of lacrosse

WHEN: Monday, January 16, 2012

TIMES: NEW player clinic:

New to the sport of lacrosse
Registration from 8:45-9:00
Clinic runs from 9:00-11:30

RETURNING player clinic:

At least one year of lacrosse
Registration from 11:45-12:00
Clinic runs from 12:00-2:30

WHERE: Concord Vetta

12320 Old Tesson Rd
Sappington, MO 63128-2215

COST: \$30 per player by January 2, 2012

\$35 per player after January 3, 2012

Make Checks Payable to Missouri Baptist University Lacrosse

EQUIPMENT: Required- mouthguard, goggles, stick

Please indicate if you need to borrow a stick for the clinic

FORMAT: Various Drills focused on shooting, defense, and offense

Question and Answer time about the College Recruitment Process for
Returning Players

ANY QUESTIONS?

Katie Rau, Head Women's Lacrosse Coach

rau@mobap.edu

Phone: 314-805-4064

- In case of inclement weather please call number above and listen to message
- Walk Ups Welcome – Email notification of attendance would be appreciated

Missouri Baptist University 2012 Preseason Clinic

REGISTRATION FORM

NAME: _____ GRADE: _____

DOB: _____ AGE: _____ POSITION: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____

EMAIL: _____

COACH/CONTACT PERSON: _____

Please Indicate which clinic you will be attending and if you need to borrow a stick or goggles:

New Player Clinic Returning Player Clinic Stick Goggles

I/We, being the legal guardian(s) of the applicant, authorize Missouri Baptist University and their agents, permission to request medical treatment as necessary to insure the well-being of my dependent.

Guardian(s) signature _____ Date _____

I/We the undersigned, for ourselves, our heirs, executors, and the administrators, waive the release and forever discharge Missouri Baptist University, its staff, officers, agents, representatives, employees, successors, and assigns of and from any and all rights and claims for damages to person or property which may be sustained or occur during participation in the clinic.

I/We understand that the applicant is in good physical condition, allowing her to participate in the pre-season clinic.

Guardian(s) signature _____ Date _____

PLEASE RETURN FORM TO:

**Katie Rau
Women's Lacrosse Office
One College Park Dr.
St. Louis, MO 63141**