



G.C.M Boosters Present - Lady Statesmen:
**ALL DAY YOUTH
 INDOOR CLINIC**

For Grades K - 8 ONLY – **OPEN TO ALL SCHOOLS!!!**

When:	Monday, January 30 2012
Where:	GCM Gyms
Time:	9 a.m-2 p.m.
Cost:	\$50.00

Lady Statesmen Lacrosse has created a lacrosse clinic for all levels of lacrosse players. ***Beginners:*** Have fun learning the great game of lacrosse! **NO EQUIPMENT NEEDED!** We will supply you with a stick and goggles to use during the Clinic for **FREE!** We will run a beginners session for grades K-5 and another for grades 6-8. If you want to quickly develop lacrosse skills, Coach Depaz Clinton and her staff of high school players will do the job. The 2009 U.S. Lacrosse Convention selected Coach Depaz to present, “5 Ways to quickly develop New Players to Lacrosse.” In 2010 Coach Depaz Clinton received Liberty District Coach of the Year. In 2011 Coach Depaz Clinton received Coach of the Year from Women in Sports. The ***Intermediate/Advanced*** session is aimed to challenge players and sharpen their skills before the season starts. The Clinic will prepare intermediate students for Spring Tryouts for with their respective youth teams. Whether you are new to the sport or want a challenge to prepare you for tryouts, our Youth Winter Lacrosse Clinic will prepare you for the coming season!

Student is RESPONSIBLE for bringing: Mouthguard, Water Bottle & Lunch (Option to buy lunch is available)

Registration: Mail form below & check payable to “**GCM Boosters**” to: **Marshall High School – Girls Lax, 7731 Leesburg Pike, Falls Church, VA 22043.** There will be a **\$30 fee for all returned checks.**

Checks are non-refundable-If unable to attend, you may roll over attendance to 2011 Summer Camp or Winter Clinic 2012

Financial Aid Available: For any family (no matter what school you attend) please email ncdepaz@gmail.com to apply.

Confirmation AND Inclement Weather Notifications will be emailed, please CLEARLY PRINT your email

**** SPACE IS LIMITED!! AFTER January 15th, you MUST email ncdepaz@gmail.com to see if space is still available****

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Student Name: _____ School They Attend: _____ Grade: _____

Student Experience (check one): ___ Beginner (No experience) ___ Intermediate (1-2 yrs.) ___ Advanced (3+ yrs.)

****IMPORTANT**:** Circle what equipment you’ll be borrowing at the Clinic (both or either) : **lacrosse stick / goggles**

Parent’s email _____ Parent Name: _____

Address/City: _____ Cell phone: _____

Medical Consent:

I hereby state that my child is in good, normal health and has my permission to participate in all activities. In addition, I authorize the camp staff to act for my child in the event of injury or sickness. A registration requires that a parent/guardian sign below to agree that in case of an accident involving his/her child while attending George C. Marshall High School Lady Statesmen Lacrosse camp/clinic, parent/guardian releases the School, FCPS, camp sponsor, counselors, coaches, camp staff and director from any and all liability.

Date: _____ SIGN _____
 (Signature of Parent/Guardian)