



And George C. Marshall Boosters Present:

Girls Lacrosse 2012 Youth Winter Clinics

Grades K-8 - OPEN TO ALL SCHOOLS!!!

Learn all the basics! Or get ready for spring tryouts for your youth league or travel team!
NO EQUIPMENT NEEDED! We will supply you with a stick & goggles to use during the Clinic(s).

U.S. Lacrosse selected Coach Depaz to present, "5 Ways to Quickly Develop New Players to Lacrosse, at the 2009 Convention. In 2010, Coach Depaz was awarded "Coach of the Year" for the Liberty District, and in 2011 Coach Depaz Clinton received Coach of the Year for Marshall HS from Women in Sports.

When:	Saturdays (January 14th-February 4th, 2012)
Where:	Marshall High School GRASS Fields/Blacktop Areas
Time:	1:00 p.m-2:30 p.m.
Cost:	\$25 per session

Each Student is RESPONSIBLE for bringing: Mouthguard, Water Bottle & Warm Clothing!!!

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

*In case of inclement weather, a backup date of Saturday February 11th has been set aside, 1-2:30pm. If any additional dates need to be made up students will receive a credit of \$25 per paid session we were unable to make up towards GCMs 2012 summer camp or a free session for a 2013 Saturday Clinic (regardless if price has increased).

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

****AFTER January 2nd **you MUST email Coach Depaz Clinton (ncdepaz@gmail.com) to check for space!!****

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Camper Name: _____ **School You Currently Attend:** _____ **Grade:** _____

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

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

Parent's email _____ **Cell phone:** _____

Address/City: _____

Circle The Sunday Sessions You Wish to Attend: JAN 14 JAN 21 JAN 28 FEB 4

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)