

# Middlebury College Women's Lacrosse

## 5v5 Tournament

- **Where:** Peter Kohn Turf Field, Middlebury College
- **Date:** Sunday, March 4, 2012
- **Time:** 12:30-4:30. Clinic from 12:30-1:45, 5v5 tourney from 1:45-4:30. Registration will begin at 12:00 in Kenyon Arena Lobby.
- **Level:** The clinic is for players in grades 10-12 only.
- **Teams:** Teams must consist of at least 5 field players and one goalkeeper. A maximum of 10 total players will be allowed on each team. Coaches are not required but more than welcome to attend. Please send all registration forms together in one mailer. (Separate checks are fine)
- **Individuals:** You may also register as an individual and we will place you on a team.
- **Registration Fee/Deadline:** The cost is \$50 per player and is due by 2/20/2012. Checks may be made payable to "Middlebury College Women's Lacrosse" and can be mailed along with a completed registration form to the following address:

**Middlebury College Women's Lacrosse**  
**Attn: Assistant Coach Morgan Maciewicz**  
**Memorial Field House**  
**Middlebury, VT 05753**

- **Games:** Each team is guaranteed at least 7 tournament games. Games will be 15 minutes each in length. A maximum of 30 teams will be allowed in the tournament, so please register ASAP before space fills up!

**\*\*Questions?** Please contact Assistant Coach  
Morgan Maciewicz at [mmaciewicz@middlebury.edu](mailto:mmaciewicz@middlebury.edu)

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**Please complete and return this form with your \$50 payment before 2/20/2012. If attending as a team, please give your registration form to your group organizer/coach so they can submit all forms as a group.**

### Middlebury Women's Lacrosse Clinic & 5v5 Tournament Registration Form

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Grade: \_\_\_\_\_ Position: \_\_\_\_\_  
Years Experience: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
School: \_\_\_\_\_ 5v5 Tourney Team Name: \_\_\_\_\_

#### **Waiver of Liability**

In signing this application I release Middlebury College, the Middlebury College Women's Lacrosse program, its organizers, coaches, trainers, players and all others involved in any capacity in the operation of the Middlebury College Lacrosse Clinic and 5v5 Tournament, from any claims of legal responsibility for injuries or damages suffered by my child arising out of her participation in said clinic and 5v5 lacrosse tournament. I acknowledge the risks inherent in the participation of this athletic event and I knowingly assume all such risks on behalf of my child, including but not limited to injuries for which negligence is, or may be, a contributing factor. I certify that my child is in good physical condition and can participate in the Middlebury College Women's Lacrosse Clinic and 5v5 Tournament. Further, I authorize the site director to request medical treatment as necessary to ensure my child's well being.

Athlete Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

# Middlebury College Women's Lacrosse

## 5v5 Tournament Team Roster

### \*\* TO BE FILLED OUT BY ORGANIZER/COACH

- Please submit this form along with all of the individual player registration forms. If you are sending more than one team to the tournament, please fill out a team roster form for each team. Individual checks from the players are fine, but having them sent together in the same mailing would be much appreciated.
- **TEAMS:** Your team must consist of at least 5 field players and 1 goalie. A maximum of 10 field players will be allowed on each team. Players must be in grades 10-12.
- **DEADLINE/REGISTRATION FEE:** All forms and fees are due by 2/20/2012. The cost is \$50 per player. Checks may be made payable to "Middlebury College Women's Lacrosse" and can be mailed along with completed registration forms to:

Middlebury College Women's Lacrosse  
ATTN: Morgan Maciewicz  
Memorial Field House  
Middlebury, VT 05753

- Please circle a t-shirt size for each player next to her name. Tournament t-shirts will be given out to each player who has registered!

Team Name: \_\_\_\_\_

Coach/Organizer Name: \_\_\_\_\_

Email: \_\_\_\_\_

### TEAM ROSTER

1.	_____	S	M	L	XL
2.	_____	S	M	L	XL
3.	_____	S	M	L	XL
4.	_____	S	M	L	XL
5.	_____	S	M	L	XL
6.	_____	S	M	L	XL
7.	_____	S	M	L	XL
8.	_____	S	M	L	XL
9.	_____	S	M	L	XL
10.	_____	S	M	L	XL

\*\*Questions?? Please Contact Assistant Coach Morgan Maciewicz at  
mmaciewicz@middlebury.edu

