

Middlebury College Women's Lacrosse

5v5 Tournament

- **Where:** Peter Kohn Turf Field, Middlebury College
- **Date:** Sunday, March 6, 2011
- **Time:** 12:30-4:30. Clinic from 12:30-1:45, 5v5 Tourney from 1:45-4:30. Registration will begin at 12:00.
- **Level:** The clinic is for players in grades 9-12 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 2/15/2011. There are no refunds. 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
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

Please complete and return this form with your \$50 payment before 2/15/2011. 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 #: _____

