

BEGINNER LACROSSE CLINIC

Presented by West Side Lax

@ Lakeshore Sports Center

4470 Airline Rd
Muskegon MI 49444

October 24th & 25th, 5:00-7:00

\$80.00

This is a clinic for beginner players only who have had little to no lacrosse experience. Each participant will learn the fundamentals needed to play the game. Players will also be given drills they can take home with them to continue to improve their skills.

The clinic is open to 3rd through 8th graders

Players must bring their own lacrosse stick. Pads and helmets are not needed, but gloves are okay.

Space is limited to 22 players so sign up right away!

- **Passing & Catching**
- **Scooping**
- **Cradling**
- **Shooting**
- **Basic Rules**
- **Scrimmaging**

West Side Lacrosse believes in providing fun, safe and knowledgeable lacrosse instruction. All camps, clinics and leagues are run by experienced lacrosse coaches and players. We believe lacrosse is the greatest game in the world and we appreciate the lessons that the game has to teach us. Our goal is to share the game with as many people as possible and play and coach the game with Class & Respect.

NAME: _____ **Position:** _____

SCHOOL: _____ **GRADE:** _____

PARENTS NAMES: _____

EMAIL: _____ **PHONE:** _____

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Please make Checks out to **West Side Lax** and mail them in with this **form and the waivers**. Returned checks will incur a \$30 return fee. Refunds will only be given in case of documented medical emergencies.

Players must wear light/dark reversible jerseys.

Parent Signature: _____ **Date:** _____

(required if player is under 18 years old)

West Side Info and Waiver Form

The under signer, and the undersigned's heir executors and administrators, hereby waive and forever release and discharge the West Side Select coaching staff, and Lakeshore Sports and their staff for personal property damage or physical injury which may be sustained or which occurs during participation in activities, or that may occur to or from the games and or tournaments, whether or not such injuries or property damage or loss in caused by, is connected to, or arises out of, any acts or omissions of the West Side Select staff, coaches and Lakeshore Sports staff and coaches.

Parent Signature: _____ Date: _____

Medical Treatment Authorization

I authorize medical treatment and care for my son, _____ as may be deemed necessary. I understand that the consent and authorization granted herein does not include surgical procedures and are valid only during the time that my son is in attendance. I know that it is my responsibility to tell the coaching staff if my son has any physical condition or requires any treatment or medication that a clinician should be aware of (allergies, disabilities, medical condition, etc.) and I must provide this in written notification at the time of registration. I understand that every reasonable attempt will be made to contact me in case of an emergency. However, in the event of an emergency and if I cannot be reached, I give my consent for my son to receive the proper treatment and/or medical services needed to perform any necessary emergency procedures.

Emergency Contact Person: _____

Home/cell Phone: _____ Work Phone: _____

Health Insurance Company: _____

ID# or Contract # : _____

Group or Plan # : _____

Allergies or Health Concerns: _____

Mailing Address:

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