

University of Delaware

Fall Fest

4 v 4 Lacrosse Clinic

October 27, 2007

Sponsored by Kim Ciarrocca

It's time to get your teams together again for the Delaware Lacrosse Fall Fest 4 v 4 Clinic!!!!

Join us for a day of fun-filled lacrosse. Get your teams registered early! Grab your lax friends and get ready to play!

Date: Saturday October 27, 2007

Time: Registration begins @ 12:00 p.m., followed by an instructional clinic, and then 4v4 competitive games.

Place: University of Delaware, Rullo Astro-Turf Field (games will be played on astro-turf and grass fields - please bring appropriate shoes)

Fee: \$50.00 per player

All registration forms must be received by October 19, 2007

Format: You must have a previously designated team of 4 players, plus a goalie. You may have a maximum of eight, including a goalie. Each team must have a goalie. All games will be refereed.

The University of Delaware is committed to assuring equal opportunity to all persons and does not discriminate on the basis of race, creed, color, gender, age, religion, national, origin, veteran, or handicapped status, or sexual orientation in its educational programs, activities, admissions or employment practices as required by Title IX of the Educational Amendments Act of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA), Title VI of the Civil Rights of 1964, and other applicable statutes. Inquiries concerning Section 504 and ADA compliance and information regarding campus accessibility and/or accommodations should be referred to the Office of the ADA Coordinator. Inquiries regarding Title IX and Title VI should be referred to the Office of the Director of Affirmative Action. Both offices are located at 305 Hullihen Hall. The phone is (V) (302) 831-2835; (TDD) (302) 831-2835.158/6.96/N

What to Bring:

MATCHING T-SHIRTS FOR YOUR TEAM!

Goggles (mandatory) water bottle
shoes for turf and grass mouthguard
lacrosse stick Raingear/ outdoor
goalkeeping equipment clothes

**Note: Payments and Forms must be received by October 19, 2007.
NO WALK-UP REGISTRATION!
No Refunds**

For More Information contact:

Kim Ciarrocca
(302) 831-4057
kimlax@udel.edu

Liz Martin
(302) 831-0880
frengs@udel.edu

IMPORTANT:

All team members must send information together in one envelope.

Make sure all required information is included in the envelope:

- Payment of \$50 per player
- Part 1 - Registration form filled out for each team member
- Part 2—Waiver signed and dated for each team member
- Part 3—Team Roster

**ALL INFORMATION MUST BE RECEIVED BY
OCTOBER 19, 2007**

PART 1:

2007 University of Delaware
Fall Fest 4v4 Lacrosse Clinic
Registration Form

Student Name _____

Team Name (Up to eight players per team) _____

Birth Date _____ HS Grad Year _____

Home Address _____

City _____

State _____ Zip _____

Home Phone _____

Emergency Phone _____

School _____

Email _____

Payment : \$50 per player

Make check payable to: University of Delaware

Mail to: Kim Ciarrocca

**Fall Fest 4v4 Lacrosse Clinic
Delaware Field House
University of Delaware
Newark, DE 19716**

PART 2:

Waiver-

I am aware that playing or practicing in any sport can be a dangerous activity involving MANY RISKS OR INJURY. I understand that the dangers and risks of playing or practicing in the above sport may include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints ligaments, muscles, tendons, and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of my body, general health and well being. Because of the dangers of participating in the above sport, I recognize the importance of following all instructions by the coach. This agreement applies specifically to October 27, 2007. In consideration of the University of Delaware (UD) permitting me to practice or play the above sport and to engage in all activities related to this sport, I hereby voluntarily assume all risks associated with participation and agree to exonerate, save harmless and release the UD, its agents, servants, trustees and employees from any and all liability, medical expenses, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to lacrosse. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor administrator, assignees, and, all members of my family. I hereby agree to submit any disputes that may arise between myself and UD, its agents, servants, trustees and employees, in connection with my activities at UD, to binding arbitration before three arbitrators, in accordance with the rules of the American Arbitration Association.

Athlete _____ Date _____

Parent _____ Date _____

Health Insurance Provider _____

Policy Number _____

PART 3:

TEAM ROSTER:

Team Name _____

1. _____ Grad Year _____

High School _____

Phone _____

Email _____

2. _____ Grad Year _____

High School _____

Phone _____

Email _____

3. _____ Grad Year _____

High School _____

Phone _____

Email _____

4. _____ Grad Year _____

High School _____

Phone _____

Email _____

5. _____ Grad Year _____

High School _____

Phone _____

Email _____

6. _____ Grad Year _____

High School _____

Phone _____

Email _____

7. Goalie. _____ Grad Year _____

High School _____

Phone _____

Email _____

8. _____ Grad Year _____

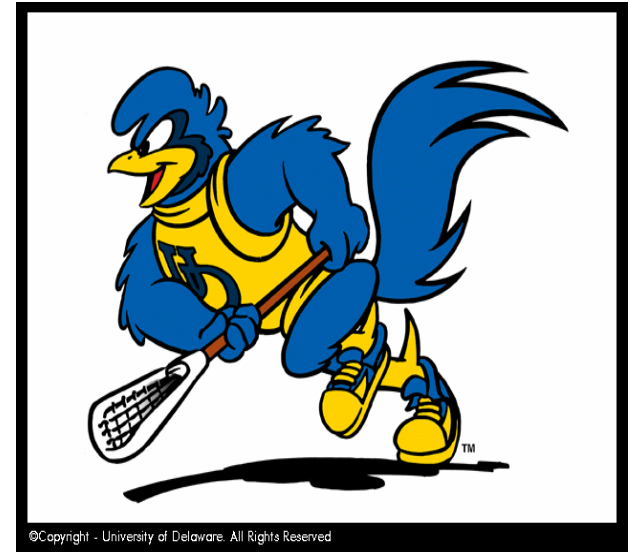
High School _____

Phone _____

Email _____

Women's Lacrosse Spring Fest 4v4 Clinic
Delaware Field House
University of Delaware
Newark, DE 19716

2007
UNIVERSITY OF
DELAWARE
FALL FEST 4v4
LACROSSE
CLINIC
SATURDAY
OCTOBER 27, 2007



Directed by

Kim Ciarocca, Head Women's Lacrosse Coach

Liz Martin, Assistant Women's Lacrosse Coach