

2008 Women's  
**University of Delaware**  
**LAX CLINIC**

**FOR FIELD PLAYERS AND GOALKEEPERS**

**WHEN: Sunday January 27, 2008**  
**9:00AM -12:00 PM**  
**Registration -8:30 am**



**WHERE: UNIVERSITY OF DELAWARE**  
**TURF or FIELD HOUSE**  
**(weather permitting)**

Kim Ciarrocca – Head Coach University of Delaware  
 Reid Watson—Assistant Coach University of Delaware  
 Top goalie coach in the country  
 Liz Frengs—Assistant Coach University of Delaware  
 All American Midfielder –Temple  
 Kristin Hopson-Assistant Coach University of Delaware  
 All American Defender Notre Dame

**COST: \$50.00**

.... AND Members of The University of Delaware Women's Lacrosse Team along with other top current players.

**DIRECTIONS: www.udel.edu**

**UPDATES: www.delawarelacrosse.com**

**A GREAT PRESEASON CLINIC!!**  
**Get prepared for your season**  
**Great specialty work for Attack, Midfielder,**  
**Defense and Goalkeepers**  
**Individual and Team concept play!**

**Be coached by the best and learn what you need to do to get to the next level.**

**To Bring:**  
 Must have own Equipment!!  
 Indoor and Turf Shoes  
 Water/ Snack  
 Indoor and outdoor clothes



MAIL PAYMENT AND REGISTRATION FORM BY  
 JAN. 21, 2008  
 \*\*\*\*\*LIMITED ENROLLMENT\*\*\*\*\*  
 WALK UP REGISTRATION CASH ONLY

**QUESTIONS: Contact EMAIL: kimlax@udel.edu PHONE: 302-831-4057 Mail Payment and registration form to: Kim Ciarrocca – UD Clinic – University of Delaware Women's Lacrosse –201 Delaware Field House– 621 South College Ave –Newark, DE 19716**

**Please Print Legibly**    Position (please check) - Attack     Midfield     Defense     Goalkeeper

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ H.S. Grad Year \_\_\_\_\_ School \_\_\_\_\_

Athlete Email (MANDATORY!!!) \_\_\_\_\_ Parent Email \_\_\_\_\_

Coaches Name \_\_\_\_\_ School \_\_\_\_\_ Coaches Email \_\_\_\_\_ Coaches Phone \_\_\_\_\_

I am aware that playing or practicing in any sport can be 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 January 27, 2008. 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. 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

Athlete \_\_\_\_\_ Date \_\_\_\_\_ Parent \_\_\_\_\_

Date \_\_\_\_\_  
 Health Insurance Provider: \_\_\_\_\_ Policy Number \_\_\_\_\_

**Please send \$50 Check payable to Delaware Lacrosse no later than January 21,2008**  
**Mail Payment form to: Kim Ciarrocca-UD Lax Clinic-University of Delaware Women's Lacrosse-201 Delaware Field House- 621 South College Ave -Newark, DE 19716**