



**Raider Lacrosse 5v5 Challenge and Clinic
February 7th, 2010
9am-3pm Sanford Field House**

Be coached by the back to back Patriot League Champions!!

The Colgate Women's Lacrosse team is hosting a 5v5 challenge and clinic open to High School Girls. The clinic will be held in our indoor field house. Teams should consist of a minimum of 7 players (including GK) and a maximum of 9. Each team must have a goalie! Players without a team can register individually and be placed on a mixed team. The Challenge includes 5v5 play as well as demos and on-going instruction from the Colgate players and staff.

Cost Per Player: \$65

Each player **MUST** fill out a registration form and sign the waiver below.

All team checks and registration forms should be submitted together.

Please make all checks payable to **Raider Lacrosse**.

Mail to: Heather Young, Raider Lacrosse, 13 Oak Drive, Hamilton, NY 13346

Registration Form:

Team Registrant (player or coach): _____ Team Name: _____

Email (for confirmation): _____

Phone #: _____

Grade: _____ Years Experience: _____

Address: _____

HS/Club (if applicable): _____

Team Members:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | GK. _____ |
| 5. _____ | |

No player refund 48 hours prior to the start of the tournament.

Consent and Release:

I, _____ (parent/guardian) allow my daughter to participate in the Raider Clinic held at Colgate University. I understand that lacrosse involves physical contact between players, and I assume the risks associated with her participation. My child has no known medical conditions which prohibit participation in this sport. I agree to hold harmless and release Colgate University, its employees of the camp, and students from any legal liability resulting from any injuries or death sustained during participation on this camp. I further understand Colgate University is not responsible for loss or damage of my child's possessions.

Raider Lacrosse Clinic is in no way affiliated with Colgate University or Colgate Athletics and is a privately run camp.

I further acknowledge that the above named individual is covered by health insurance.

Signature: _____

(Parent/Guardian)