

## CARLSBAD GIRLS LACROSSE CLUB SUMMER CLINIC 2010

\* Open to all girls Grades 6 through 12

Dates: June 21, 2010 through July 28, 2010 (Mondays and Wednesdays)

Time: 3:30-5:30 pm

Location: Pacific Rim Elem. School (Camino de las Ondas and Hidden Valley Rd., Carlsbad)

Fee: \$125

(Financial assistance to be considered on a case-by-case basis.)

Equipment required:

- Lacrosse Stick (We will have some extras to borrow if needed)
- Cage goggles (We will have some extras to borrow if needed)
- Good running shoes and cleats
- Mouth guard

NOTE: Equipment may be purchased at most sporting good stores, South Swell Sports (250 Lomas Santa Fe Dr. Solana Beach, CA) or online at any lacrosse supply store.

Membership required:

All players must be members of U.S. Lacrosse (\$35, good for 1 yr.) Sign up on-line at [www.uslacrosse.org](http://www.uslacrosse.org). This acts as your insurance while attending the clinic. **NO ONE WILL BE ALLOWED TO PARTICIPATE WITHOUT U.S. LACROSSE MEMBERSHIP.**

Coaches:

Melissa Turner: CHS Head Coach

Becky Hesseltine: CHS JV Coach

Program Director: Melissa Turner

Contact phone: 714-488-2651

Contact e-mail: [melissaturner88@hotmail.com](mailto:melissaturner88@hotmail.com)

Website: [www.carlsbadhighlax.com/girls](http://www.carlsbadhighlax.com/girls)

To register: Complete the registration form and bring it to the first clinic or mail it with your payment (made payable to "Carlsbad Girls Lacrosse Club") to:

Melissa Turner  
891 Via La Venta  
San Marcos, CA 92069

New Players: Please email or call for further questions and instructions. Remember, no prior lacrosse experience is necessary!

## CARLSBAD GIRLS LACROSSE CLUB CLINIC 2010 REGISTRATION

Home Field - Pacific Rim Elem. School, Camino de las Ondas and Hidden Valley Rd., Carlsbad, CA  
Email: [melissaturner88@hotmail.com](mailto:melissaturner88@hotmail.com) or call: 714-488-2651 for more information.

PLEASE PRINT: **\*\*You may write 'same' if you played in a previous clinic and your info is the same.**

### PLAYER INFORMATION

PLAYER'S NAME \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
PLAYER E-MAIL ADDRESS \_\_\_\_\_

### PARENT INFORMATION

FATHER'S NAME \_\_\_\_\_  
WORK OR CELL PHONE (Please specify) \_\_\_\_\_  
ADDRESS (If different from players) \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_  
WORK OR CELL PHONE (Please specify) \_\_\_\_\_  
ADDRESS (If different from players) \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

### EMERGENCY CONTACT

NAME \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  
  
DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_  
MEDICAL CONDITIONS, ALLERGIES \_\_\_\_\_  
\_\_\_\_\_

U.S LACROSSE MEMBERSHIP# \_\_\_\_\_ Expiration Date \_\_\_\_\_

U.S. LAX MEMBERSHIP: \$35.00

Sign up at [www.uslacrosse.org](http://www.uslacrosse.org). This is your insurance and the fee is good for one year. YOU MUST BE A MEMBER OF USLACROSSE IN ORDER TO PLAY!

Clinic fee: \$125

Make checks out to: **CARLSBAD GIRLS LACROSSE CLUB**

Checks and registration forms can be brought to the first clinic or mailed to the address below:

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891 Via La Venta  
San Marcos, CA 92069