

INTENSITY **CLINIC** 2012

Get prepared for the Spring season by pushing yourself to the limits with our premier **SKILLS, SPEED, & ATHLETICISM** Clinic.

DATES : JAN 8, 15, 22

TIMES : GRADE 9&10: 5-7PM GRADE 11&12: 7-9PM

LOCATION : UNIVERSITY OF MARYLAND BUBBLE (INDOOR TURF)
*LOCATED AT THE UMD GOLF COURSE

COST : \$150 MADE PAYABLE TO MAXIMUM EXPOSURE LACROSSE

LEARN FROM COACHING STAFF

MARYLAND

Cathy Reese. Lauri Kenis. Quinn Carney

LOYOLA

Jen Adams. Dana Dobbie. Katie Chrest



*** LIMITED SPACE REGISTER EARLY!**

PHONE: 301.314.4273 EMAIL: MAXEXPOSURELAX@AOL.COM

WEB: WWW.MAXIMUMEXPOSURELACROSSE.COM

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail (required): _____ Parent's Email: _____

School: _____

Age: _____ Years Experience: _____ Please circle one: Grade 9/10 Grade 11/12

PARENT/ GUARDIAN RELEASE

I hereby request that you accept this player application for enrollment in the Intenisty Lacrosse Clinic 2012. In consideration of your acceptance of this application, I hereby agree to release, and hold harmless Maximum Exposure, its agents, employees, representatives or assigns, from all claims resulting from any injury sustained by my child while traveling and participating in the clinic. I further hereby give permission to the coaches, training staff or other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness. Photos taken of your child while attending may be used for publications and advertisements. Registration of your child in our program acts as a consent for this usage.

Health Insurance Carrier: _____ Membership # _____

Parent/Legal Guardian: _____ Date: _____

Player: _____ Date: _____

MAIL CHECK AND COMPLETED REGISTRATION TO: MAXIMUM EXPOSURE LACROSSE
1727 COMCAST CENTER, TERRAPIN TRAIL, COLLEGE PARK, MD 20742