

INTENSITY CLINIC

GET INTENSE 2011

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

DATES: Jan 9, 16, 23

*** LIMITED SPACE REGISTER EARLY!**

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
mail check and completed registration to:
4322 old valley court
ellicott city, md 21043



→ COACHING STAFF LEARN FROM MARYLAND & LOYOLA
Cathy Reese. Lauri Kenis. Quinn Carney
Jen Adams. Dana Dobbie. Katie Chrest

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 E-mail: _____
 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 Intensity Lacrosse Clinic 2011. 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: _____

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