



And George C. Marshall Boosters Present:

Girls Lacrosse 2011 Beginner Clinic

Ages 8 – 18 – OPEN TO ALL SCHOOLS!!!

Learn all the basics before spring tryouts for your school, youth league or travel team!
NO EQUIPMENT NEEDED! We will supply you with a stick & goggles to use during the Clinic/(s).

U.S. Lacrosse selected Coach Depaz to present, “5 Ways to Quickly Develop New Players to Lacrosse, at the 2009 Convention. In 2010, Coach Depaz was awarded “Coach of the Year” for the Liberty District.

When: Sundays (January 9th-February 6th, 2011)
Where: Marshall High School GRASS Fields
Time: 1:00 p.m-2:30 p.m.
Cost: \$25 per session (OR Buy 4 Get 1 Free!! Sign up for all 5 Sessions for \$100)

Each Student is RESPONSIBLE for bringing: Mouthguard, Water Bottle & Warm Clothing!!!

Registration: Mail form below & check payable to “GCM Boosters” to: Girls Lacrosse, Marshall High School, 7731 Leesburg Pike, Falls Church, VA 22043. There will be a \$30 fee for all returned checks.

***In case of inclement weather, you can choose to move your attendance date or be refunded. If you purchased multiple sessions, you can choose to be mailed a check for the difference or can apply the difference as a credit towards GCM 2011 Summer Camp. If you purchased all sessions at the advertised discount any cancelled session is worth a \$20 credit in the form of a check or Summer Camp credit.**

Financial Aid Available: For any family (no matter what school you attend) please email depaz@vt.edu to apply.

Confirmation AND Inclement Weather Notifications will be emailed, please CLEARLY PRINT your email.

****AFTER January 2nd **you MUST email Coach Depaz (depaz@vt.edu) to see if space is still available****

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Camper Name: _____ School You Currently Attend: _____ Grade: _____

****IMPORTANT**:** Circle what equipment you’ll be borrowing at the Clinic (both or either) : lacrosse stick / goggles

Parent’s email _____ Cell phone: _____

Address/City: _____

Circle The Sunday Sessions You Wish to Attend: JAN 9 JAN 16 JAN 23 JAN 30 FEB 6

Medical Consent:

I hereby state that my child is in good, normal health and has my permission to participate in all activities. In addition, I authorize the camp staff to act for my child in the event of injury or sickness. A registration requires that a parent/guardian sign below to agree that in case of an accident involving his/her child while attending George C. Marshall High School Lady Statesmen Lacrosse camp/clinic, parent/guardian releases the School, FCPS, camp sponsor, counselors, coaches, camp staff and director from any and all liability.

Date: _____ SIGN _____
(Signature of Parent/Guardian)