

Downingtown West Girls' Winter Lacrosse Clinics



(Hosted by Downingtown West Girls' Lacrosse Team and Coaches)

For:	Girls in Grades 1 st – 8 th
Where:	DWHS Gymnasium
When:	Sunday, February 12, 2023 Clinic Time 9 am - 12pm, Sign In begins @8:30pm
	Sunday, February 19, 2023 Clinic Time 9 am - 12pm, Sign In begins @8:30pm
Cost:	\$40.00 for one session \$70.00 for both

Clinic will focus on developing the following skills: Cradling Passing/Catching Ground Balls Shooting Skills Competition and Scrimmage Games

Participants will need a stick, goggles and a mouthguard!

Name: _____ Grade _____

Phone _____

Email Address: _____

Home Address: _____

Please list any allergies or medical conditions: _____

Camp participants will receive a Clinic T-shirt. Shirt Size (Circle One): YS YM YL AS AM AL

To guarantee a Clinic shirt please register early!

Payment Methods: **Venmo: @fbailey123** - include West Lacrosse and Camper Name in subject field. **OR** - send a check made payable to DWHS Girls Lacrosse Booster Club (DWGLBC) and a completed registration form to:

DWGLBC - Felicia Bailey
808 Windridge Lane, Downingtown, PA 19335

We will accept registration up to the date of the clinics; walk-ups are welcome!

Camp participants will also be invited to join the DWHS Girls' Lacrosse team at one of their games

(TBA) and be honored at half time!

Questions regarding registration, please email dwestgirlslacrosseboosters@gmail.com

Questions regarding the clinic please email DWHS Varsity Girls Lacrosse Coach Brittney Conzentino: bconzentino@dasd.org

My daughter is in good health and I certify that she has my approval to take part in all clinic activities. It is understood that the DWHS Girls Lacrosse Booster Club, its directors, and anyone connected to the clinic will not assume any responsibility for accidents (medical or dental), allergies, or any expenses incurred as a result of accidents, and that clinic staff may call emergency personnel if deemed necessary.

I agree and give permission for my minor daughter to be part of photographs or video clips taken by DWHS Girls Lacrosse Booster Club or DWHS personnel. I agree and give permission for the release of my minor daughter's information, photograph and video clip to be published on the District / DWHS websites or print media

Parent / Guardian Signature: _____ Date: _____

Emergency Contact: _____ Phone: _____