



K-3rd Grade Clinic 5 Weeks

Dates: Wednesdays, November 16th-December 14th
Time: 4:00-5:30
Cost: \$80
Grades: Students in grades K-3
Format: This is a clinic that will concentrate on the basics of girls lacrosse. The fundamentals will be practiced each week with more involved skills, drills and possible scrimmage come at the end of the session.

4th-8th Grade Clinic 5 Weeks

Dates: Tuesdays, November 15th-December 13th
Time: 4:00-5:30
Cost: \$80
Grades: Students in grades 4-8
Format: This is a clinic that will be devoted to the basics of girls lacrosse. The fundamentals will be practiced each week with more involved skills, drills and possible scrimmage at the end of the session.

K-3rd Grade Scrimmage Play 5 Weeks

Dates: Wednesdays, January 4th-February 1st
Time: 4:00-5:30
Cost: \$80
Grades: Students in grades K-3
Format: This is a clinic in that will concentrate on team skills. After some warm up drills scrimmage games will be played in order to learn the game with instruction on the field.

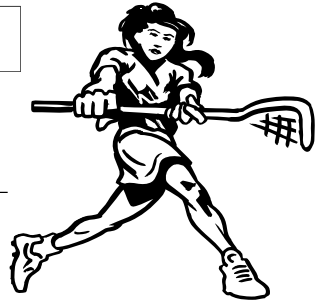
4th-8th Grade Scrimmage Play 5 Weeks

Dates: Tuesdays, January 3rd-January 31st
Time: 4:00-5:30
Cost: \$80
Grades: Students in grades 5-8
Format: This is a clinic in that will concentrate on team skills. After some warm up drills scrimmage games will be played in order to learn the game with instruction on the field.

Availability: Space is limited so register early. First come first serve.
Equipment: Protective eyewear, mouth guards, and sticks required.
Confirmation: Registrations received will be confirmed through email addresses; please print them clearly on registration form.
Pricing: Clinic pricing will not be pro-rate or refunded for individuals missing any sessions.
Inclement Weather: Make up dates will be added for any severe weather cancellations.
Instruction: Tracey Rohrbach-President of Check-Hers lacrosse. Has been an instructor and organizer of girls lacrosse camps and clinics at CISC for 10 years. Has coached girls recreational lacrosse for 12 years and is a high school official. Former high school and college player. Also officiates indoor at CISC. *Other staff will be coaches from local girls lacrosse programs and high schools.*

2011-12 Girls Lax Clinics

Please Circle Those You Are Signing Up For:
 K-3rd Clinic K-3rd Scrimmage 4th-8th Clinic 4th-8th Scrimmage



Name: _____ Grade: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Birth Year: _____ School Attending: _____
 Phone #: _____ Email: _____
 Payment (check one): Check__ Visa__ Mastercard__ Discover__ American Express__

Name on CC: _____ CC Number: _____
 V-Code (last 3 digits on signature panel): _____ Exp. Date: _____ Signature: _____

Liability Release Waiver, Age Verification & Roster Form

I verify that the birth date provided herein is true & correct. I further verify that I will not hold the Carroll Indoor Sports Center, Inc. (CISC), National Building Leasing, Inc., or representatives or officials of these organizations, responsible for any injury or accident which may occur while traveling to, participating in, or returning from any CISC game or event.

- Acknowledge, agree, & represent that I understand the nature of SPORTS activities & that I am qualified, in good health, & in proper physical condition to participate in such Activity. I further agree & warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
- Fully understand that: (a) SPORTS activities involve risks & dangers of serious bodily injury, injury, including permanent disability, paralysis, & death ("risks"); (b) these Risks & dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or The negligence of the "releasees" names below; (c) there may be other risks & social & economic losses either not known to me or not readily foreseeable at this time; & I fully accept & assume all such risk & all responsibilities for losses, costs & damages incur as a result of my participation or that of the minor in the Activity.
- Herby release, discharge, & covenant not to sue CARROLL INDOOR SPORTS CENTER, INC., their respective administrators, directors, agents, officers, members, volunteers, & employees, other participants, any sponsors, advertisers, and, if applicable, owner & lessors of premises in which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations & I further agree that if, despite this release & waiver of liability, assumption of risk, an indemnity agreement, or anyone on my behalf, makes a claim against any of the "Releasees", I will indemnify, save, & hold harmless each of the "releasees" from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

Minor Release
 I, the minor's parent and/or legal guardian, understand the nature of SPORTS activities & the minor's experience & capabilities & believe the minor to be qualified, in good health, & in proper physical condition to participate in such activity. I herby release, discharge, covenant no to sue, & agree to indemnify & save & hold harmless each of the releasee's from all liability claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operation & further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees named above, I will indemnify, save, & hold harmless each of the releasees from & litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim. I give CISC permission to use photos/images of my child for web design, graphics, flyers and all other print materials for CISC promotional purposes. I further understand that CISC does not require background checks on volunteers or instructors.

Signature of Parent/Guardian: _____ Date: _____
 Please return completed registration form and check payable to CISC, 515 Old Westminster Pike, Westminster, MD 21157

For office use only: Date: _____ Payment Amount: _____ Type of Payment: _____ Initial: _____