

# NORTHERN EDGE

Hosted by University of Vermont Women's Lacrosse



## Pre-Season Girls Lacrosse Clinic

An Open Girls Lacrosse Clinic for Field Players and Goalkeepers



### When:

Saturday, February 4th 2012, 9:30am-11:00am  
Saturday, February 11th 2012, 9:30am-11:00am  
Saturday, February 18th 2012, 9:30am-11:00am

Who: Girls in High School and Middle School

Where: The University of Vermont  
Gutterson Indoor Field House  
Indoor Astro Turf Field  
97 Spear St Burlington VT

### Cost:

- All 3 clinics - \$100 total
- OR
- \$45 per clinic session

Make Checks out to Northern Edge Lacrosse

### COACHES:

**Jen Johnson - VERMONT**  
All American at Penn State  
Canadian World Cup Team  
All World Player - 2005 World Cup

**Alex Kahoe-VERMONT**  
All American and National  
Champion at Maryland  
Goalkeeper

**Brandi Jones - VERMONT**  
All American and National  
Champion at Maryland  
Midfielder

..... and members of the  
University of Vermont Women's  
Lacrosse team

**QUESTIONS:** Email-- Alex Kahoe at [akahoe@uvm.edu](mailto:akahoe@uvm.edu)

**TO REGISTER:** Mail the below form along with check by February 1, 2012 to:  
Alex Kahoe -- Northern Edge Lacrosse Clinic -- 66 Woodbury Rd Burlington VT 05408

**TO BRING:** Lacrosse stick, mouthguard, goggles, cleats/sneakers, plenty of water, snacks, appropriate clothing,  
Goalkeepers must bring their own equipment

NO REFUNDS - LIMITED ENROLLMENT - FIRST COME FIRST SERVE - WALK UP REGISTRATION CASH ONLY

### PLAYER INDIVIDUAL INFORMATION AND WAIVER: FEB 2012-VT

(circle) Dates Attending: Feb 4    Feb 11    Feb 18    (circle) Position: A M D GK

Please write clearly - Player First Name \_\_\_\_\_ Last Name \_\_\_\_\_

High School \_\_\_\_\_ Club Team \_\_\_\_\_ High School Grad Year \_\_\_\_\_

Home Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Player cell phone# \_\_\_\_\_ Coach Email \_\_\_\_\_

Player Email \_\_\_\_\_ Parent Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone# \_\_\_\_\_

MEDICAL TREATMENT CONSENT : I, the legal guardian of the above-named camper, authorize Northern Edge Lacrosse, University of Vermont and Clinic staff to seek medical treatment for the camper as they see necessary at a local Medical Center or another nearby facility. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the camper's session. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the clinic staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as s/he judges necessary to the above-named child. I accept responsibility for payment of all services rendered; I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the Clinic staff will make a good faith effort to contact me or the above-named person(s) before seeking treatment. If this is not possible, I understand that the Clinic staff will notify me or my designee as soon as possible if any and all diagnoses and treatments are made.

Legal Guardian's Signature \_\_\_\_\_ Print Name \_\_\_\_\_

WAIVER & RELEASE STATEMENT: The undersigned, being a parent or legal guardian of the child requesting admittance to the clinic, does hereby affirm that the applicant is in good health and suffers from no serious illness, disability or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity. I understand that, as condition of admittance to the Northern Edge Women's Lacrosse Clinic, the undersigned, on behalf of all parents and guardians and on behalf of the applicant, hereby releases the Facility, Fuel Lacrosse LLC, University of Vermont Lacrosse, Northern Edge Clinic Directors and Staff, and all other employees or agents of the clinic from any liability from any loss or damage of personal property, injury or illness, mental or physical suffered by the applicant during or related to the clinic

Applicants Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy number \_\_\_\_\_