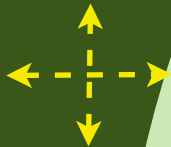


NE LAX



NORTHERN EDGE

Girls Lacrosse Travel Club Team Tryouts

Hosted by University of Vermont Women's Lacrosse

Open for Girls Lacrosse Field Players and Goalkeepers

COME
LEARN & PLAY
WITH THE
BEST!!

What: A Tryout for The 2011 Northern Edge Girls Lacrosse Club Team. Come tryout and get more information on the program.

When: Sunday, March 20th 2011, 12:00-3:00pm

Who: Girls in High School and Middle School

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

Cost:

Tryouts - \$30

See the website -

www.northernedgelacrosse.com

for more informaion and for club team costs

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

Nicole Moore - VERMONT
All American - New Hampshire

Lindsay Pittard - VERMONT
All Patriot League at Colgate

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

QUESTIONS: Email-- Jen Johnon at jennifer.johnson@uvm.edu

TO REGISTER: Mail the below form along with check by March 11, 2011 to:
Jen Johnson -- Northern Edge Tryouts -- 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: 2011 NE Tryout-VT (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 Garden'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 _____