



# MSU WOMEN'S LACROSSE TEAM

and

**spartanlaxcamps**

present the

## HIGH SCHOOL GIRLS LAX CHALLENGE

**Saturday, November 10 -- 6:00pm-9:00pm (Registration begins at 5:30pm)**

**Located at the Great Lakes Golf & Sports Complex turf dome in Auburn Hills**

The Michigan State University Women's Lacrosse Team invites 7<sup>th</sup>-12<sup>th</sup> grade players (goalies included) to a winter training kick-off event on Saturday, November 10. The event will be hosted and staffed by current MSU women's team members and coaches; please note that registration is limited so register early!

Event will include an intense 90-minute session covering lacrosse fundamentals (offense, defense and special team techniques) followed by 7v7 scrimmages where high school players will test their skills and show their stuff against the college players. Girls from all skill levels are welcome and encouraged to participate. Come out and meet the team!

**Cost:** \$50.00 (check payable to Great Lakes Golf & Sports Complex)

**Bring:** Your stick, mouth guard and eye protection (goalie equipment if applicable)

**Register:** Mail this form and payment to: Shelly Watkins, Great Lakes Golf & Sports Complex  
3951 Joslyn Rd., Auburn Hills, MI 48326

Questions: [spartanlax@glgsc.com](mailto:spartanlax@glgsc.com) or 248/858-7501

Player Name \_\_\_\_\_ Age \_\_\_\_ Phone \_\_\_\_\_  
Player Level (Circle one): Beginner (1-2 yrs) Intermediate (JV or 3-4 yrs) Advanced (Varsity or 4+ yrs)  
Email Address \_\_\_\_\_ Parent cell \_\_\_\_\_  
Emergency contact name \_\_\_\_\_ Emergency phone \_\_\_\_\_

MSU Women's Lacrosse apparel will be sold at the event and concessions will be available.

**Information on [spartanlaxcamps](http://spartanlaxcamps.com) drop-ins and weekly Winter Training Camp information at the Great Lakes Golf & Sports Complex coming soon to [www.glgsc.com](http://www.glgsc.com) and [www.msuwomenslacrosse.com](http://www.msuwomenslacrosse.com).**

Attach written information on any special medical issues, life-threatening allergies or medications. Include any religious objections to medical treatment.

Doctor's name/phone \_\_\_\_\_ Dentist's name/phone \_\_\_\_\_

**RELEASE OF LIABILITY:** I certify that I have legal authority to give this release on behalf of the PLAYER named above. On behalf of PLAYER, her state and any party claiming for themselves or on behalf of PLAYER, I hereby release Michigan State University, the Michigan State University Lacrosse Club, all Clinic Staff, and their agents, representatives and assigns, from liability for personal injury, death or property damage or loss to PLAYER arising from Clinic participation, and I agree to indemnify and hold such released persons harmless for any such liability caused to a third party by PLAYER.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_