

UNIVERSITY OF MARYLAND PLAYERS CLINIC

SATURDAY, FEBRUARY 4TH, 2012

9AM - 12PM

**OUTSIDE ON REC TURF
(ADJACENT TO COMCAST CENTER)**

\$50 PER PLAYER*

AGES 6-18 YEARS OLD

***FREE T-SHIRT AND ADMISSION TO GAME INCLUDED!**

MEET THE STAFF...

CATHY REESE, Maryland Head Coach

4-time National Champion & 2-time All-American as a player
1998 Maryland Grad, Former US Team Member
6-time Coach of the Year
(2006 MPSF, 2007, 2009, 2010, 2011 ACC, 2010 NCAA)
Has coached 2007, 2008, 2009, 2010, 2011
ACC Players of the Year and 7 Tewaaraton Finalists

LAURI KENIS, Maryland Assistant Coach

2-time All-ACC and 2-time All-American
2003 UVA Grad, Former US Team Member

QUINN CARNEY, Maryland Assistant Coach

4-time National Champion & 2-time All-American as player
2001 Maryland Grad, Former US Team Member
2001 World Cup Gold Medal
2005 World Cup Silver Medal
2005 All-World Team

BRIAN REESE, Maryland Assistant Coach

2-time All-ACC, All-American
1998 Maryland Grad
4-time MLL All-Star
Chesapeake Bayhawks General Manager

**AND THE 2012 MARYLAND TERPS
2010 ACC AND NCAA CHAMPIONS**



REGISTRATION FORM

Please return with check for \$50
made payable to Elevate Lacrosse to:

University of Maryland
Women's Lacrosse Players Clinic
1734 Comcast Center
Terrapin Trail
College Park, MD 20742

(Confirmation of application will be sent via email)

NAME: _____

ADDRESS: _____

EMAIL: _____

PARENT EMAIL: _____

POSITION: _____ GRAD YEAR: _____

PARENT/ GUARDIAN RELEASE

I hereby request that you accept this player application for enrollment in the Players Clinic 2012. In consideration of your acceptance of this application, I hereby agree to release, and hold harmless The University of Maryland and Elevate Lacrosse LLC, its agents, employees, representatives or assigns, from all claims resulting from any injury sustained by my child while traveling and participating in the clinic. I further hereby give permission to the coaches, training staff or other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness. Photos taken of your child while attending may be used for publications and advertisements. Registration of your child in our program acts as a consent for this usage.

Health Insurance Carrier

Membership Number

Parent/Legal Guardian Signature

Player Signature

Date