

DREXEL UNIVERSITY 2009 WINTER GIRLS LACROSSE CLINIC

Player Clinic

Ages 10-18

- High Level Instruction
- Shooting Techniques
- Attacking Strategies
- The Secret to Great Defense
- Draw Controls
- Transition Game
- Session coached by Head Coach Anna Marie Vesco

Goalie Clinic

Ages 10-18

- Emphasis on all areas of goalie performance
- Instruction includes: stance, step, angles, interceptions, reactions, clears and play outside the crease
- Session coached by DI coaches and players
(BRING EQUIPMENT)

Speed Training

Open to all Levels

- Designed to improve speed, quickness and agility for lacrosse
- Take home drills
- Session coached by speed training coach

Location: Drexel University – Astro-Turf Field
43rd & Powelton
Philadelphia, PA 19104

Date: Sunday, March 8th, 2009

Cost: \$40.00 – Clinic
\$20.00 – Speed Training
NO REFUNDS

Time: 2:00 PM – 4:45 PM **Player & Goalies**
5:00 PM – 6:00 PM **OPEN**

Make checks payable to: Lady Knight Lacrosse Camp
Send your completed form to: Drexel University Women's Lacrosse Office
3141 Chestnut Street
Philadelphia, PA 19104

Get your application in early. Space is LIMITED!!! APPLICATIONS WILL NOT BE ACCEPTED BY PHONE, FAX OR DAY OF CLINIC!!! If you need more applications or have any further questions please contact Noelle Cebon at nrc29@drexel.edu or visit our website at www.drexeldragons.com and find the women's lacrosse page. **Deadline is March 1st**. Confirmation and directions will be sent via e-mail after check is received. **PLEASE BRING YOUR OWN EQUIPMENT** (stick, mouth guard, eye protection, and sneakers).

Name _____ Phone _____
Street _____ City, State, Zip _____
School _____ Age _____ Grade _____ Yrs. Played _____
E-Mail _____ (important)
_____ Player Clinic (\$40) _____ Goalie Clinic (\$40) _____ Speed Training (\$20)

Waiver of Liability

I hereby authorize the staff of the Drexel University Clinic to act for my child in accordance with their best judgment in any emergency requiring medical attention, and I hereby waive and release Drexel University and the Clinic staff from any and all liability for any injuries incurred while at Drexel University. I have no knowledge of any physical impairment that would be affected by the above named participation in the Drexel University Clinic, as outlined in this brochure.

PARENT/GUARDIAN SIGNATURE _____

Please fill out form entirely.