



LANGLEY HS GIRLS LACROSSE CLINIC

The Langley Girls Lacrosse Program is hosting a pre-season Girls Lacrosse Youth Clinic! Sharpen your skills and prepare for spring tryouts during this fundamentals focused clinic. Players will have the chance to learn from the coaches and players of Langley Girls Lacrosse. This clinic will be focused on individual skills and small-side game concepts for both offensive and defensive ends of the field to prepare for youth tryouts.

When: January 16th, 2023

Morning Session: 9:30 AM – 12 PM – Girls in Grades 3-5

Afternoon Session: 1 PM – 3:30 PM – Girls in Grades 6-8

Where: LANGLEY HIGH SCHOOL TURF, 6520 Georgetown Pike, McLean VA 22101

Clinic Fee: \$100 per participant

Clinic Attire: Each participant is required to bring their own **water bottle and mouthguard**. Cleats or tennis shoes are recommended and weather appropriate clothes.

Clinic Equipment: Participants may bring their own stick and goggles. Limited equipment will be available to borrow if you are new to the sport – please indicate in the registration form if needed. All players will be required to wear goggles and a mouthguard.

Registration and Payment:

Langley Boosters Girls Lacrosse
c/o Beth Longo
Langley High School
6520 Georgetown Pike
McLean, VA 22101



For camp info, contact:

Coach Lauren Burke

BurkeL@me.com

LHS Girls Lacrosse Clinic Registration Form

I hereby authorize the staff at the LHS Girls Lacrosse Clinic to use their best judgement in any emergency requiring the use of local emergency facilities. I also certify that my child is physically able to participate in all activities and I assume all risks associated with participating in the program. I also fully understand that the LHS Girls Lacrosse Clinic does not provide medical insurance. Registration requires that a parent/guardian sign below, agreeing that in the case of an accident involving your child, he/she releases the camp, sponsors, counselors, and directors from any and all liability. Below, please list any allergies, special conditions, or special needs. **Please print below and mail with payment.** Thank you!

Participant name: _____ Age: _____

School Attending: _____ Grade: _____

Home address: _____

Home Phone: _____ Parent Cell: _____ Parent Work: _____

Parent Email: _____ Participant email: _____

Medical Insurance Company: _____ Policy #: _____

Parent/Guardian Name: _____ Signature: _____

Equipment rental (Check yes for items your daughter will need to borrow to participate:

Lacrosse Stick ☐ Lacrosse Goggles ☐ Bringing own stick/goggles ☐

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