



**BOYS MIDDLE SCHOOL LACROSSE CLINIC
AT NICHOLS SCHOOL
MONDAY JUNE 15-FRIDAY JUNE 19 9 AM-12 PM
FOR RISING 5TH TO 9TH GRADERS
COST: \$100**

Clinic Director : JOE SMITH, Buffalo Bandits Defenseman, MLL & NLL Player

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City, State, Zip _____ Business Phone: _____

School: _____ Grade in September: _____

Email: _____ (please print clearly)

Experience: none physical education class play on summer team play on organized lacrosse team

Mail registration form and make check payable to: Nichols School
Summer Lacrosse Clinic
1250 Amherst St.
Buffalo, NY 14216

For More Information Contact: Joe Smith

joe@atlanticsportswear.com

716-512-5363

This program will be designed to teach the game in a fun, exciting setting while improving the knowledge of the field lacrosse game. Clinic will include stick skills, offensive and defensive concepts, game strategies, special situational play and rules. This is designed to be an up tempo clinic where players will receive a lot of attention and top level instruction. A minimum of 15 players is required to run this clinic.

I, _____ as parent or legal guardian of the participant named above, do hereby authorize the program director of the Nichols School Boys Middle School Lacrosse Clinic and his staff or subordinates, to seek any medical and/or surgical treatment, which is reasonably thought to be necessary for the care of my child. The program director is authorized to provide medical treatment for my child, and I shall be fully responsible for honoring such costs. I also authorize the medical facility to release all information needed to complete insurance claims.

Signature of Parent or Guardian

Date

