



FEE: \$60

GIRLS AGES 15-18

WWW.NYITBEARS.COM

2018 NYIT WOMEN'S LACROSSE CLINIC

NAME _____
 STREET _____
 CITY _____ STATE _____
 ZIP _____ AGE _____
 PHONE _____
 E-MAIL _____
 PARENT/GUARDIAN EMERGENCY CONTACT # _____

AMOUNT ENCLOSED: \$ _____
 PLEASE SEND CASH OR MAKE
 CHECKS PAYABLE TO
 NYIT WOMEN'S LACROSSE

DETATCH AND SEND TO:
 COACH KERRI HANDRAS
 WOMEN'S LACROSSE
 NYIT
 P.O. BOX 8000
 OLD WESTBURY, NY
 11568-8000

OCT. 20
3:30-6:00 P.M.

LOCATION:
 NYIT
 PRESIDENT'S STADIUM
 NORTHERN BOULEVARD
 OLD WESTBURY, N.Y.

FORMAT:
 INDIVIDUAL TRAINING FOR
 GIRLS OF HIGHER SKILL
 LEVELS. LEARN FROM
 FORMER AND CURRENT
 NCAA COLLEGE COACHES
 AND ATHLETES!

HIGH SCHOOL _____ GRADUATION YEAR _____

WAIVER & RELEASE: I, THE UNDERSIGNED, AGREE THAT MY SON/DAUGHTER IS PHYSICALLY FIT TO PARTICIPATE IN STRENUOUS ATHLETIC ACTIVITY, AND WAIVE NYIT AND ITS OFFICERS AND EMPLOYEES OF ANY AND ALL RESPONSIBILITY FOR INJURY OR ILLNESS. I HEREBY AUTHORIZE THE DIRECTORS OF NYIT TO ACT FOR ME ACCORDING TO THEIR BEST JUDGEMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION. I ALSO UNDERSTAND THAT I AM SOLELY RESPONSIBLE FOR THE PAYMENT OF ANY SUCH MEDICAL EXPENSES AND MUST PROVIDE THE CLINIC WITH PROOF OF MEDICAL AND ACCIDENT INSURANCE.

SIGNATURE OF PARENT _____ DATE _____



KERRI HANDRAS
 WOMEN'S
 LACROSSE COACH
 516-686-7614
 KHANDRAS@NYIT.EDU