



Eagle Lacrosse Clinic @ American University



Schedule of Events

9 a.m.	Registration
9:30-12:00	Instruction
12:00-1:00	Lunch
1-2:30	Instruction/Games
2:30	Pick-up

Equipment

Clinic Attendees are responsible for bringing all of their equipment. Mandatory equipment includes: stick, mouthguard, water bottle, both cleats and sneakers and goggles, if you have them.
GOALKEEPERS are required to supply their own equipment. Please dress warmly.

DIRECTIONS:

FROM THE NORTHEAST: Follow I-95 South to I-495, the Capital Beltway. Take I-495 west towards Silver Spring. Follow "From I-495" below.
FROM THE SOUTH: Follow I-95 north to I-495, the Capital Beltway. Take I-495 towards Tysons Corner. Stay on the west side of the beltway. Follow "From I-495" below.
FROM THE NORTHWEST: Follow I-270 south. Where I-270 divides, follow the right hand branch towards Northern Virginia (Not towards Washington). Merge with I-495, the Beltway, and soon afterwards take exit 39, River Road...follow "From I-495" below.
FROM I-495 (Capital Beltway): Take exit 39, and follow signs for River Road (Maryland Rt. 190) east towards Washington. Continue east on River Rd. to the 5th traffic light. Turn right onto Goldsboro Road (MD Rt. 614). At the 1st traffic light turn left onto Massachusetts Ave. Continue on this through the 1st traffic circle (Westmoreland Circle). At the 5th traffic light after the circle, turn right into American University's Glover Gate. Bender Arena is on the right hand side just under the tunnel.

To reserve a spot in the AU Clinic, please detach and send this application along with a \$40.00 check made out to: **American University**

Eagle Lacrosse Clinic
 Attn: Ashley Flanigan
 American U. Bender Arena
 4400 Massachusetts Ave NW
 Washington, DC 20016

PLEASE PRINT

NAME: _____ PHONE #: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HIGH SCHOOL: _____ COACH: _____

E-MAIL ADDRESS: _____ GRADE (Circle One): 6th 7th 8th 9th 10th 11th 12th

YEARS OF EXPERIENCE (please indicate level, i.e. Varsity/JV/Club): _____

PARENT/GUARDIAN please read and sign below:

I understand and accept that the risk of injury is possible while playing and practicing the sport of lacrosse. I authorize Eagle Lacrosse Clinic to act for me according to their best judgement in any emergency requiring medical attention.

 Parent/Guardian Signature

 Date

In case of emergency, please contact: _____ Phone #: _____