



Fall and Winter 2009 Lacrosse Specific Clinics Athletes Grades 3 – 12

October 4 & 11
5th & 6th Graders
Goalie & Attack Positions
1:00pm – 3:00pm
Cost \$60
First 40 athletes only

October 18 & 25
5th & 6th Graders
Defense & Middies
1:00pm – 3:00pm
Cost \$60
First 40 athletes only

November 1 & 8
3rd & 4th Graders
All positions
6:00pm – 8:00pm
Cost \$60
First 20 athletes only

November 15 & 22
High School
All positions
1:00pm – 3:00pm
Cost \$75
First 40 athletes only

December 6 & 13
7th & 8th Graders
All positions
6:00pm – 8:00pm
Cost \$60
First 20 athletes only

All Clinics held at
Off The Wall Sports
1423 Chase Court, Carmel, 46032

To Register:
Email Molly Powell
(molly@countonmelacrosse.com)
Fill out registration form and
waiver form and mail forms along
with payment to:
Molly Powell
1402 Chase Court
Carmel, IN 46032

Make Checks Payable to:
Count On Me Lacrosse

Questions??? Call Tom Coons
317.509.1139 or 317.733.9789



Registration Form

Mail to:
Molly Powell
97 9th Street NW
Carmel, IN 46032

Once your payment is received your space will be reserved

Athlete Name _____

Parents Names _____

Address _____

City, State, Zip _____

Email _____

Phone _____

Emergency Phone _____

Athletes Birthday _____

Athletes School _____

Athletes Lax Position _____

Goals to learn at clinic _____

US Lacrosse Number _____ Exp Date _____



Waiver and Consent Form Fall and Winter COML Clinics

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in the identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against Count On Me Lacrosse, LLC, Tom Coons, and Molly Powell including its officials, agents, volunteers and employees (hereinafter collectively referred as Count On Me Lacrosse, LLC).

I do hereby fully release and forever discharge Count On Me Lacrosse, LLC and Carmel Dads Club from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities. I have read and fully understand the above important information, warning or risk, assumption of risk and waiver and release of all claims. If registering online or via fax, your on-line facsimile signature shall substitute for and have the same legal effect as an original form signature.

Parent Signature

Date

Parent Printed Name