



PLEASANT GROVE BOYS LACROSSE
PRESENTS



Sizzle Sticks

Put Some Heat in Your Game

Lacrosse Skills Camp

June 3, 2015 at Oak Canyon Jr High School

Grades K-5 1:00 to 4:00

Grades 6-8 4:00 to 7:00

Sharpen your Skills With

Drills (Skill Appropriate)

Team Skills

Shooting Drills

Positional Training

Mini Scrimmages



Goalie Training

Proper Stance

Hand Placement

Footwork

Ball Tracking

Working with the Defense

The Tradition Lives On!

Cost \$35

To Register

<http://pleasantgrovelacrosse.com/Registration/Default.asp?>

[org=pleasantgrovelacrosse.com](http://pleasantgrovelacrosse.com)

Or Register Day Of Clinic

Registration for Pleasant Grove Boys Lacrosse



Skills Clinic

Name _____ Grade _____ School _____
Phone # (____) _____ - _____ Email Address _____
Shirt Size S M L XL Position _____ Years Played _____
Parents Name _____
Parents Email Address _____
Emergency Contact Information
Name _____ Phone # (____) _____ - _____

To Register

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org=pleasantgrovelacrosse.com](http://pleasantgrovelacrosse.com/Registration/Default.asp?org=pleasantgrovelacrosse.com)

Payment will be taken before clinic begins.

***Please make checks payable to
Boys Viking Lacrosse***

Registration Opens At 12:45 P.M. Day of Clinic
If you have any questions please contact us at
pgvikingslax@gmail.com

Viking Boys Lacrosse Liability Waiver

I, the undersigned, am the parent or legal guardian of above named Player (the "Player"), who has enrolled to participate in the Viking Boys Lacrosse Sizzle Sticks Clinic.

I fully understand that participating in the Clinic and otherwise participating in the sport of lacrosse presents a risk to the Player for serious injury and death. In my capacity as parent or legal guardian of the Player, I understand these risks and my responsibility is to notify the other parent or legal guardians of the Player, as well as the Player, of the risks involved with participating in this Clinic and otherwise participating in the sport of lacrosse.

I have made a conscious decision to allow the Player to participate. I agree that my health and accident insurance will be the primary and sole insurance to cover any expenses for any injury to the Player.

I understand and agree that P.G Boys Lacrosse is not the insurer of the Player's conduct during the course of the Clinic.

TO THE FULLEST EXTENT PERMITTED BY LAW, I HEREBY RELEASE AND WAIVE AND COVENANT NOT TO SUE Viking Boys Lacrosse AND ITS MEMBERS, DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AGENTS AND REPRESENTATIVES (THE "RELEASED PARTIES") WITH RESPECT TO ANY AND ALL LIABILITY AND CLAIMS WHATSOEVER ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE, OR INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY THE PLAYER ARISING OUT OF OR RELATED TO THE PLAYER'S PARTICIPATION IN THE Viking Boys Lacrosse Sizzle Stick Clinic.

Parent or Guardian Signature