

**AMATEUR ATHLETIC MINOR WAIVER  
AND RELEASE OF LIABILITY**

**\*\*\*MUST BE FILLED OUT\*\*\***

**THE UNDERSIGNED:**

1. Agree that the parent(s) or legal guardians(s) will instruct the minor participant that she should inspect the facilities and equipment to be used, and if she believes anything to be unsafe, she should report it immediately to the supervisor or refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction or negligence but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseen at this time.
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability and death.
4. Release, waive, discharge, and covenant not sue South Jersey Select Lacrosse, its administrators, coaches and other employees of the organization, other participants, sponsoring agencies from any and all liability to each of the undersigned, her heirs and the next of kin for any and all claims, demands, losses, or damages on account of injury, including death or damage to property to be caused in whole or in part by the negligence of the releasees, or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE,  
UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS  
BY SIGNING IT AND SIGN IT VOLUNTARILY.

\_\_\_\_\_  
Signed Parent or Guardian Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Primary Insurance Company

\_\_\_\_\_  
Policy Number

South Jersey Select Lacrosse  
Post Office Box 129  
Moorestown, NJ 08057

**SOUTH JERSEY  
SELECT LACROSSE**



**WINTER CLINIC**

**For girls in  
7th & 8th grades**

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**DIRECTED BY:  
DEANNA KNOBLOCH  
HEAD LACROSSE COACH  
MOORESTOWN HIGH SCHOOL**

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**Every Wednesday  
January 6 – February 10  
At  
International Sports  
Centre Inc., Mt. Laurel  
6:15 PM – 7:30 PM**

## ABOUT THE CLINIC

The South Jersey Select Lacrosse Clinic is designed to develop skills in eager lacrosse players. Mini games and fun drills will be incorporated every day! Those that are new to the sport will learn to cradle, throw and catch, shoot and play defense. Experienced players will work on enhancing their skills with top local talent. We will go over field positions as well as the differences between the attack, the midfield and the defense. Skills will be broken down step by step, allowing each camper to develop at their own pace. Our goal is to have lots of fun while providing the safest learning environment to help the girls become the best lacrosse players they can be!

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### **ONLY 30 GIRLS WILL BE ACCEPTED INTO THE CLINIC.**

Applications will be filled on a first-come, first-served basis.

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LACROSSE:  
YOU GOTTA  
LOVE IT!



## ABOUT THE COACHES:

### THE DIRECTOR:

#### **DEANNA KNOBLOCH**

- Head Coach – Moorestown High School – 1992 – present
- State Champions – '95, '00, '01, '02, '03, '04, '05, '06, '07, '08, '09
- Ranked #1 in the Nation by Lacrosse Magazine – '01, '02
- Philadelphia Inquirer Coach of the Year – 2002
- Inducted into NJ Lacrosse Hall of Fame – Nov. 2004
- Trenton State College Lacrosse Alumni

\*\*PLUS COLLEGIATE PLAYERS\*\*

**COST: \$175 Per Player**

**TIME: 6:15pm – 7:30pm**

**LOCATION: International  
Sports Centre, Mt. Laurel**

EQUIPMENT: All campers must have their own stick, goggles, mouthguard, water cooler and proper footwear. (cleats or sneakers)

### CLINIC HIGHLIGHTS

- DAILY LACROSSE GIVE-AWAYS
- CAMP STORE – Lacrosse apparel will be sold throughout the week.
- **GUARANTEED FUN FOR ALL!!**

## APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Cell Telephone \_\_\_\_\_

Parent's Names \_\_\_\_\_

Work Phone \_\_\_\_\_

Parent E-mail \_\_\_\_\_

Player E-mail \_\_\_\_\_

Emergency Contact:  
Name \_\_\_\_\_

Tel. # \_\_\_\_\_

School attending: \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Years Playing Experience \_\_\_\_\_

**Please mail application and checks for  
\$175 made payable to:**

### South Jersey Select Lacrosse

Post Office Box 129  
Moorestown, NJ 08057

Questions? Call Deanna Knobloch at 856-778-7786

*Attendees will only be notified should they not make it into the clinic. Otherwise, consider yourself enrolled and plan to show up at 5:45 for registration!*

**\*\*PLEASE FILL OUT REVERSE SIDE\*\***