



CLINICS AND OPEN TRAVEL TEAM

SOUTHERN STORM LACROSSE IS A NEW ORGANIZED LACROSSE GROUP TO TENNESSEE AND ITS SURROUNDING STATES. THE MISSION IS TO HELP GROW THE SPORT, TEACH THE FUNDAMENTALS OF THE GAME AND GIVE OPPORTUNITIES TO GIRL'S WHO MAY WANT TO TRANSITION TO THE COLLEGE LEVEL WITH A SELECT GROUP OF HS PLAYERS THAT WILL TRAVEL.

(Sister Organization of [Midwestern ForceLacrosse](http://www.midwesternforcelacrosse.com). www.midwesternforcelacrosse.com).

Southern Storm Lacrosse clinics will be open to any player from 6th (rising 7th grade) to 11th grade (rising senior). Clinics will be held in Chattanooga, TN starting on Sunday, November, 30th, 2008 from 2-6pm and will continue on a monthly basis thru February. Dates are below. All clinics will be run by Tennessee Wesleyan College, Head Coach, Angela Tomchik and other visiting college coaches and players. All clinics are open to any interested female player regardless of experience. From the experienced HS players, a select group will be selected to travel to national recruiting opportunities to gain exposure. An informative meeting will be held on site immediately following the first clinic for those interested.

CLINIC DATES: SUNDAY, 11/30/ 08 SUNDAY, 1/4/09 SUNDAY, 1/31/09
SUNDAY, 2/15/09 (CIRCLE CLINICS ATTENDING)

FACILITIES: 2pm-6pm

Participants will practice at Washington Hills Park in Chattanooga located on Route 58 off of route 153.

Washington Hills Recreation

4628 Oakwood Dr
Chattanooga, TN 37416
423-855-2679

EQUIPMENT equipment packages will be available with advanced purchase consisting of starter level stick (brine whirl) and brine concept goggles for \$50.00. Some loaner sticks and goggles will be available on first come first serve basis. Otherwise ALL PARTICIPANTS MUST provide all of their own equipment (sticks, mouth guards, goggles, goalie equipment, etc.). Plus have a refillable water bottle.

REGISTRATION FEES: \$30.00 per player per clinic (if money is an issue donations will be accepted)

QUESTIONS: contact Lisa@southernstormlax@yahoo.com or call 330 697 0081

Players Name: _____ Grade Entering Fall '08 _____

Parents Name: _____ Parents Email: _____

Address: _____ City, State, Zip _____

Players Email: _____ Contact Phone: _____

YRS of Experience: Varsity 1 2 3 4 JV 1 2 3 4 JHS 1 2 3 5th grade New Player (circle)

Position: Attack Midfield Defense Goalie Club Team: _____

High School/Junior High School: _____

Make checks payable to/Mail to: Lisa Mitchelides \$30.00X_____ clinic

5750 Lake Resort Drive J101 Chattanooga, TN 37415

I would like to purchase in advance a starter stick and goggles@ \$ 50.00

(please check and include with clinics fees)

RELEASE OF LIABILITY (sign and return with payment)

I hereby release and remove Southern Storm, its agents, employees, staff, directors, and officers from any claims, responsibilities or liabilities for injuries or harm incurred as a result of _____, my child or my participation in any and all lacrosse or travel related to Southern Storm Lacrosse and the sport of lacrosse.

I also authorize Southern Storm Lacrosse Club, its agents, employees, staff members, directors, and officers to take any necessary action when necessary, in their best judgment, in case of an emergency and hereby release and discharge Southern Storm Lacrosse Club, its agents, employees, staff members, directors, and officers from any responsibilities or liability related thereto.

I also grant Southern Storm Lacrosse permission to use my child's name, private information or any other pertinent information that may be requested by an outside source to assist in college networking.

Name of Participant: _____

Address: _____

City/State: _____ Zip code: _____

Home #: _____

Email: _____

Parent or Guardian: _____

*****PLEASE NOTE THAT TRAVEL TEAM WILL BE DRAFTED FROM CLINIC PARTICIPATION FOR STARTING JUNE, 2009. I AM INTERESTED IN TRAVELING AND I AM CLASS OF 2010, 2011, 2012, 2013 (CIRCLE YEAR OF GRADUATION)**

