

# PENTUCKET BOYS SUMMER LACROSSE CLINIC

July 26<sup>th</sup> to the 30<sup>th</sup>

**JOIN**

**PENTUCKET HIGH HEAD COACH**

*Brian Williams*

**SPEED COACH**

*Jenna Ryan*

**BOSTON CANNONS MIDFIELDER**

*Nate Evans*

*for a week of summer lacrosse skills*

**Where:** Pentucket Regional High School

**When:** 8:30AM to 3:30PM

**Cost:** \$300

*Lunch will be served to the players daily.*

- Daily Skills sessions for boys from ages 7 to 17 •

**Registration Information:**

Call Coach Williams at 978-836-7126

Email [clarew@hotmail.com](mailto:clarew@hotmail.com)

**SPECIAL GUESTS and GIVE AWAYS DAILY!**



# PENTUCKET BOYS SUMMER LACROSSE CLINIC

July 26<sup>th</sup> to July 30<sup>th</sup> 8:30AM to 3:30PM  
to be held at Pentucket Regional High School

*Lunch will be provided*

This clinic is designed to teach and refine all aspects of the players lacrosse skills. We focus on all levels of play and all areas of the game. This clinic will be fast paced, fun and exciting!

Space is Limited • Sign Up Now • *Take your game to the next level!*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

YEARS OF EXPERIENCE: \_\_\_\_\_ PROGRAM / SCHOOL TEAM: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT NUMBER: \_\_\_\_\_

BOYS AGES 7-17

\$300 per player

## Pentucket Boys Summer Lacrosse Clinic Waiver

I understand this consent form and agree to its conditions. I agree to indemnify and hold harmless **Pentucket Boys Summer Lacrosse Clinic**, its coaches and its organizers from any and all causes of action, claims, demands, losses and costs of any nature, whatever arising out of, or in any way relating to my participation in the clinic program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete this form, mail it along with your check for \$300 payable to **PENTUCKET LACROSSE** to:

Brian Williams  
28 Winthrop Avenue  
Beverly, MA 01915