

ADRIAN COLLEGE WOMEN'S LACROSSE

ADRIAN COLLEGE WOMEN'S LACROSSE BULLDOG SPORTS CAMPS

Bulldog 3v3 Challenge

DATE

Saturday, September 19, 2009 at Adrian College Mutli-sport Performance Stadium.

INFORMATION

Check-in will take place by team (not individual player) from 8:30-9:30 am in the lobby of the Merillat Athletic Complex located on Charles St. Walk-up team registrations will not be permitted. The tournament will run from 10:00 a.m. – 4:00 p.m. Games will be played at the stadium. Athletic trainers and water will be available during the tournament, but it is always recommended to bring water. Each team is responsible for its own lunch and snacks. No food will be provided.

COST

The non-refundable fee is \$40 per girl and includes a t-shirt. REGISTER BY September 4th. Make checks payable to Top Dog Lacrosse. Space is limited so register early!

ENROLLMENT

Teams should consist of 4-6 field participants. You may have a goalie on your team, although one is not required. You may register as an individual to be placed on a team. Confirmation of enrollment, including the required medical consent form and other information, will be mailed upon receipt of the registration.

EQUIPMENT AND RULES

Each player must supply their own equipment which includes: stick, goggles and mouth guard – all equipment is REQUIRED! Please be prepared to play on both grass and turf (cleats, turf shoes or running shoes). Goalies need to bring their own equipment.

GAMES

Every team will participate in round-robin play in the morning. Each team will automatically qualify for the single elimination tournament in the afternoon. Each game will be supervised and officiated by an Adrian College student-athlete. US Lacrosse rules apply. Participants with only modified experience are not permitted to register for their own safety.

CONTACT

Emilia Ward: Assistant Women's Lacrosse Coach
E-mail: eward@adrian.edu
Phone: 517-265-5161 ext. 5018



Bulldog 3v3 Challenge REGISTRATION - September 19, 2009
Make checks payable to: Top Dog Lacrosse
Please send application to:
Adrian College Women's Lacrosse,
110 S. Madison St. Adrian, MI 49221

Player Fee: \$40 per player

Total Enclosed \$

Player Information
Email for confirmation:
Name: _____ Parent/Guardian: _____
Address: _____ City: _____
State: _____ Zip: _____
Phone: _____ US Lacrosse Member: Y or N
USL# _____ Grade: _____
Position: Attack Defense Midfield Goalie
School: _____

Team Information:
Team Name _____
Player Names:
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

We, _____, understand that the Adrian College Athletic Camps and instructors will not be held responsible for injuries or loss of property while the previously-named participant is attending the camp. I/We do hereby release the State of Michigan, Adrian College, its officers, agents and employees from all liability, including claims and suits in law or equity for any injury – fatal or otherwise. The signature below absolves Adrian College of all responsibility for loss of personal property. Furthermore, I/We realize the risks involved to the participant. I/We will pay, or cover through my insurance, any medical or hospital expenses, doctor bills or other subsequent to attending the Adrian College Athletic Camp. I/We hereby authorize the staff of the Adrian College Athletic Camp to act for me according to their best judgment in any emergency requiring medical attention. I/We further understand the camp retains the right to use, for publicity and advertising purposes, photographs of campers taken at camp.