

MILTON LACROSSE



Lady Eagles

Pre-season Play Day

"Re-claiming the Crown"

Grades 1 - 8



MILTON LADY EAGLES
State Champions 2005, 2006, 2007, 2008

Saturday, February 20 (9:00 – 12:00)

(Rain-out date February 21 – 1:00 – 4:00)

@ Milton High School's Stadium

Come and join the 2010 Milton girls Varsity lacrosse team as they prepare to defend their four consecutive state titles. The coaching staff and players will be offering a one-day clinic to help you improve your game and get ready for your spring season. The clinic will focus on offensive and defensive tactics as well as stick skills. Come out and meet the Milton coaching staff and the 2010 Varsity girls. Be prepared for a day full of fun and be ready to take home one awesome t-shirt!

For more information contact:

Coach Tim Godby

LadyEaglesLax@yahoo.com; 770-378-2494

Additional Flyers and Registration information: www.MiltonGirlsLacrosse.com



WHAT TO BRING

Lacrosse stick Mouth guard
Goggles Water

**If you don't have a stick or goggles, we can loan them for the play day.



PLAY DAY FEES

Registration Fee – \$45 (if received by February 12th)

Walk-up/ Late Registration Fee – \$50

Make checks payable to: MAA Girls Lacrosse

Send applications to:

Dawn Bunn
750 Birch Ridge Dr
Roswell, GA 30076



LOCATION

Milton High School Stadium
13025 Birmingham Hwy, Alpharetta, GA 30004



REGISTRATION

Player Name: _____

School: _____ Grade: _____ Age: _____

Address: _____ City: _____ St.: _____ Zip: _____

Home Phone: _____ Parent's Cell Phone: _____

Email: _____

T-Shirt Size: YM YL S M L

PARENTAL PERMISSION AND CAMP WAIVER/RELEASE

By participating in the Milton Lacrosse Camp I will be waiving and releasing all claims for injuries that my daughter may sustain in this camp. I recognize and acknowledge that there are certain risks of injury, damages, or loss which may occur in any and all activities connected with or associated with this camp. I do fully release and discharge the Milton Lady Eagles Lacrosse Camp, its coaches, and supervisors and Fulton County Schools from any and all claims resulting from injury, damages and losses sustained by my daughter and the activities of the program. I hereby state that my daughter is physically fit and may participate in all activities. I also grant permission to have my child treated by a physician if necessary.

Parent/Guardian: _____

Signature: _____

Date: _____