

**2019 ERZ Girls Lacrosse Booster  
Club  
Pre-Tryout Skills & Conditioning  
Clinic**



Coach Linda Cota, Minnesota Elite Lacrosse, will be conducting pre-season skills training for all of our ERZ Lacrosse Team Players. These high paced training sessions will help prepare our players for the upcoming season. This clinic is for players in grades 7-12 who plan to try out for the Elk River/Zimmerman Girls High School Lacrosse Team.

**Location:** Adrenaline Sports Center  
8710 147th Ave NW  
Ramsey, MN 55303

The Booster Club is putting on the clinic and making this an affordable event for only \$40 for all 5 paid by February 18, 2019. There is an option to pay \$10.00 per session at the door, the day of training.

\*All must turn in a signed waiver with registration or at the first session attended\*.

Make checks out to: **ERZGLBC**

Mail to: Elk River/Zimmerman Girls Lacrosse Booster Club  
P.O Box 56  
Elk River, Minnesota 55330

**2019 Session dates:**

Saturday, March 2	9-10 am
Saturday, March 9	9-10am
Saturday, March 16	9-10am
Saturday, March 23	9-10am
Saturday, March 30	9-10am

**\*Payments should be made by February 18, 2019.**

**\*A waiver must be signed in order for your child to participate in the clinic.**

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**2019 ERZ ADRENALINE TRAINING WAIVER**

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**Player Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**\*Fee is \$40 for all 5 sessions mailed to Booster Club by Feb 18, 2019 \_\_\_\_\_**

**\*Per Session Fee: \$10.00 per session:**

<b>March 2</b>	_____
<b>March 9</b>	_____
<b>March 16</b>	_____
<b>March 23</b>	_____
<b>March 30</b>	_____

**2019 Spring Skills & Conditioning Clinic Waiver**

**By signing below, I hereby state that I will not hold the Adrenaline Sports Center or the coaching staff of the *ERZ Spring Skills & Conditioning Clinic* liable for injuries or illnesses sustained while participating in the *2019 ERZ Spring Skills & Conditioning Clinic*.**

**I also realize that the staff of *the 2019 ERZ Spring Skills & Conditioning Clinic* may have to act in a medical emergency concerning my child. I give my permission for them to do so.**

**Parent signature:** \_\_\_\_\_

**Parent Phone Number:** \_\_\_\_\_

