

Girls Instructional Lacrosse Clinic

Feb 3 –Feb 12

Girls will be divided in their age group to work with a coach on various skills and drills to improve fundamentals of the game. Differentiated instruction will be provided for beginners and players looking for more advanced skill refinement.

Day 1 - Stick work review & repetition

Day 2- Defensive positioning

Day 3 - Offensive moves/shooting

Day 4 - Game play

Ages: 3rd-5th grade

Mondays and Wednesdays from 7-8pm

Members: \$59/Non-Members: \$79



Tara Buecker

2012/13 Teacher of the Year Finalist;
North Harford High School Varsity Girls
Lacrosse Head Coach; 2007 State Finalist;
7 years' experience with lessons/clinics/
camps; Former 2-year captain; Hofstra
University; CAA-All Tournament Team;
IWLCA Academic All-American/CAA
Commissioner's Academic All-American

Register at
www.thearenaclub.com

For more information contact
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Program Registration Form



NAME OF PROGRAM: _____

DAY(S) OF PROGRAM: _____ **DATE(S) OF PROGRAM:** _____

PARTICIPANT'S NAME: _____ **MEMBER:** Y N

AGE: _____ **DOB:** ____/____/____ **MALE or FEMALE:** _____

PARENT NAME (if participant is under 18): _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME #: _____ **CELL #:** _____

EMAIL: _____

EMERGENCY CONTACT: _____ **CELL #** _____

HEALTH INFORMATION: Please list any special needs, medical or behavioral conditions, or medications that we need to be aware of to ensure your child's safety (allergies, asthma, etc.)

RELEASE: I have read and answered to the best of my knowledge, the above questionnaire. I agree that all exercise and activities (including, but not limited to exercise classes, cardio, strength equipment, pools, field activities) here at the club shall be undertaken by me at my sole risk. I release Harford Health & Fitness Club, Inc., its officers, directors, employees and shareholders, from any claim for any injury to me personally, damage to my personal property, or theft thereof, while I am at the Harford Health & Fitness Club, including claims arising from negligence of Harford Health & Fitness Club employees or agents. I understand that I must be a current member in good standing at the time of service to receive member discount. All images taken can be used in all or any future marketing.

Signature / Parent or Legal Guardian must sign if participant is under 18

Date

PAYMENT: TYPE: _____ **TOTAL AMOUNT:** _____ **DATE PAID:** _____

VISA / MC # _____ **EXP:** _____

FOR OFFICE USE ONLY:



Staple Receipt Here