



**Saint Joseph's University Men's Lacrosse  
Presents  
Developing the Shooter**

**Age Groups:** Each clinic will be offered for boys in grades 6-8<sup>th</sup> grades.

**Date:** December 30, 2011

**Time:** 10AM-12PM

**Location:** Hagan Arena, The Multi-Purpose Room, Saint Joseph's University; 5600 City Avenue, Philadelphia, PA – **Please note: Each participant must wear sneakers for the clinic.**

**Parking:** Available in the surface lot adjacent to Hagan Arena

**Check-in:** 15 minutes before the start of the clinic in the lobby of Hagan arena. Please bring a signed waiver form (see below) and **check made payable to Saint Joseph's University.**

**Registration and Payment:** Email Dan Keating at [dkeating@sju.edu](mailto:dkeating@sju.edu) to let him know you are attending. The clinic is \$40.00. Complete and sign the waiver/information sheet. See below for the waiver/information sheet.

**Lacrosse Clinic:** This clinic will focus on teaching the different fundamental movements of shooting. Catch and shoot; shooting on the run; inside shooting, and more! Each clinic participant will receive a substantial number of repetitions and attention from the Saint Joseph's University coaching staff. Defensemen are encouraged to come. We will not be instructing goalies during this clinic.

**Coaching Staff:**

Dan Keating – Assistant Coach, Saint Joseph's University (Duke University)

Mike Keating – Assistant Coach, Saint Joseph's University (Duke University)

Please contact Dan Keating at [dkeating@sju.edu](mailto:dkeating@sju.edu) for any questions.  
Please see below for player information/liability form.

**Information and Liability Form**

**Player's Name** \_\_\_\_\_

**Position** \_\_\_\_\_

**School/High School** \_\_\_\_\_

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

**Parent Email Address (if not in high school)** \_\_\_\_\_

**Emergency contact number (parent's cell phone)** \_\_\_\_\_

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**Liability Statement:**

I, \_\_\_\_\_, understand that Saint Joseph's University and the men's lacrosse staff members will not assume any responsibility for accidents and/or medical or dental expenses incurred as a result of participation in the clinic. And I agree, on behalf of myself and my son, to release Saint Joseph's University, its members, coaches, and representatives, its officers, trustees, staff members and the owners of the property on which the clinic sessions are held from and against any and all claims for loss, damage, or injury to person or property which my son may sustain arising out of or in connection with participating in St Joseph's University lacrosse camps or clinics. I understand that should my child be dismissed from this clinic, no part of my tuition will be reimbursed for any reason. I have carefully read all of the information in this application form and agree to all conditions stated.

Parent Signature

\_\_\_\_\_

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

Please remember to bring all equipment, including your mouth guard, sneakers, and reversible jersey. Please also bring a water bottle with fluid in it.

All participants must have a parent signature in order to play.