

# 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 win their 5<sup>th</sup> State Title. The coaching staff and players will be offering a one-day clinic to help girls learn how to play and improve their lacrosse skills to get ready for the spring season. The clinic will focus on offensive and defensive tactics as well as stick skills. Come out and meet the Milton 2010 Varsity players and the coaches. 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](mailto:LadyEaglesLax@yahoo.com); 770-378-2494

Additional Flyers and Registration information: [www.MiltonGirlsLacrosse.com](http://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 12<sup>th</sup>)

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: \_\_\_\_\_