



**PROSPECT DAY FOR THE  
CLASSES OF  
2018, 2019, 2020 & 2021  
SATURDAY, OCT. 7, 2017**

**COST: \$125**

**TIME: 12:00 PM – 4:00 PM**

**LOCATION: SIENA COLLEGE TURF FIELD**

**\* ROSTER WILL BE CAPPED AT 60  
PLAYERS (6 GOALIES)\***

**\* PLEASE NOTE: PRE-REGISTRATION IS REQUIRED.**

**PLEASE EMAIL [MENSLACROSSE@SIENA.EDU](mailto:MENSLACROSSE@SIENA.EDU) WITH ANY  
QUESTIONS.**

**If paying by check, please make it payable to "Rise Up Lacrosse" with the memo being "Men's Lacrosse"**

**Siena Lacrosse Experience**

Lacrosse players will participate in a one-day prospect day, taking place on October 7<sup>th</sup> 2017, which shows them what it is like to play lacrosse at Siena College. From 12:00 p.m. to 4:00 p.m., the clinic will focus on skill and athletic instruction along with live drills and competition for the first 3 hours. During the 4<sup>th</sup> hour, players will split up into two groups and meet with Steven Bari, Siena College Compliance Coordinator and Ian Farrell, Siena College Head Strength and Conditioning Coach, to talk about NCAA compliance rules along with strength and conditioning, nutrition, and weight training. Players will be taught and supervised by The Siena College Men’s Lacrosse Coaching Staff. Participants should bring their own lacrosse equipment, protective gear, turf footwear, and mouthpiece.

**Location:** Siena College, check in will be held at the Siena Turf Field in the rear of campus

**Clinic Fee:** \$125.00 per person

*Registration Form:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Position: \_\_\_\_\_

Grad Year: \_\_\_\_\_ High School: \_\_\_\_\_

Registration: \_\_\_\$125 Non-Refundable

(If paying by check, please make it payable to “Rise Up Lacrosse” with the memo being “Men’s Lacrosse”)

**\*\* Lacrosse players will not be permitted to participate without the completion of this form.\*\***

**WAIVER/RELEASE OF LIABILITY**

Participant’s Name: \_\_\_\_\_ Age: \_\_\_\_\_

Complete Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Emergency Phone Number** where you can be reached during the clinic: \_\_\_\_\_

As parent/guardian of the child named above, I understand the risks involved with my son/daughter participating in the Siena Lacrosse Experience. I verify that my son/daughter has had a physical recently and may participate in all the activities of the Lacrosse Experience. I verify that he/she has no physical impairments/disabilities that make him/her prone to injury. I understand and acknowledge that in the case of illness, accident or injury, my child will be evaluated by and receive medical treatment from emergency response personnel. I further agree that Siena College, its agents representatives and employees, and the Siena Men’s lacrosse team shall be held harmless for injury, death or damage to property that occurs while my child is participating in the lacrosse clinic, except that which can be shown as negligence on the part of the College or its representatives. I acknowledge and understand that I am responsible for any and all bills for first aid, medical and emergency services for my child that result from any injury sustained while participating in the Siena Lacrosse Experience.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Above Name: \_\_\_\_\_

*Mail to:*

Rob Cross – Men’s Lacrosse

Siena College Athletics

515 Loudon Road

Loudonville, NY 12211-1462

Please contact Rob Cross or Gill Conners in the Siena Men’s Lacrosse Office with any questions at (518) 783-2561

