

ANGELA MILLER MEMORIAL

LACROSSE CLINIC

Long Island Chapter



to benefit



SUNDAY, MARCH 15, 2009

MANHASSET HIGH SCHOOL -- ON THE TURF

FOR BOYS AND GIRLS GRADES 3-6 \$40 DONATION PER CHILD
(\$30 for additional siblings)

11:00-12:30: Girls Grades 3-4 ★ 12:30-2:00: Girls Grades 5-6
2:00-3:30: Boys Grades 3-4 ★ 3:30-5:00: Boys Grades 5-6

All will receive t-shirt if registration is received by Mar. 5 • Raffles and Prizes!

Coaches



Blake



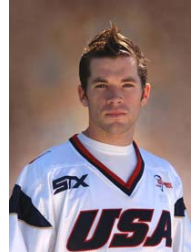
Roy



Nicky



Casey



Michael

Brandy Miller: Girl's Clinic Director • Coach, Schreiber High School Assistant Varsity Lacrosse • Coach, Manhasset High School Varsity (NY State Championship.) • 15 years coaching experience • Maryland University

Blake Miller: 2006 US Men's National Team • MLL: Long Island Lizards, 3x All-Star, 2004 Offensive Player of the Year • Hofstra University All-American

Roy Colsey: 2006 US Men's National Team • MLL: Philadelphia Barrage, 4x All-Star • Syracuse University, 4x All-American, 1995 Midfielder of the Year

Nicky Polanco: 2006 Men's National Team • MLL: Long Island Lizards, All-Star, 2x Defensive Player of the Year • Hofstra University, 2x All-American

Casey Powell: 2006 Men's National Team • MLL: 3x All-Star • 2005 Offensive Player of the Year • Syracuse University, 4x All-American, 2x Most Outstanding Player, 1998 Attackman of the Year

Michael Powell: 2006 Men's National Team • MLL: All Star • Syracuse University, 4x All-American • 2x Tawaarton Trophy Winner, 4x Attackman of the Year, 2x NCAA Tournament MVP

Past SPONSORS: Arena Sport & Graphics, The Frame Shoppe of Manhasset, Joe Brusca - Training Specialist, Lacrosse Unlimited, Manhasset PAL, Manhasset Sporting Goods, MillerLacrosse.com, Orlando's Deli, Polo at Americana Manhasset

QUESTIONS: contact Ryan Miller (516) 528-6103 • rmiller127@gmail.com

PLEASE COMPLETE SEPARATE REGISTRATION FOR EACH CHILD

Please mail completed registration with check for \$40 per child (\$30 for additional siblings) made payable to Arthritis Foundation by **March 5** to: Arthritis Foundation, Long Island Chapter, 501 Walt Whitman Road, Melville, NY 11747

Name of Child: _____

Address: _____ Village: _____ NY Zip: _____

Telephone: () _____ Email: _____

Gender: () F () M • Youth Shirt Size: (circle) S M L XL • Grade: (circle) 3 4 5 6

Waiver Release: I hereby certify the following: (1) my child is physically fit and has received medical clearance to participate in the clinic. (2) In consideration of an application to participate in the clinic being accepted, I, on behalf of myself, my heirs and assigns, and my estate, hereby waive and forever discharge the sponsors, organizers, affiliates, as well as their agents and employees from any and all claims that may accrue as the result of my child's participation. (3) hereby grant the Arthritis Foundation specific permission to reproduce, publish, circulate, copyright or otherwise use any and all photographs and/or videotape of me and/or my family, taken at the clinic, for use by the Arthritis Foundation.

Parent/Guardian Signature: _____

Parent/Guardian Name: (please print) _____

Additional Donation in Memory of Angela Miller: \$_____ (please include with check)