



2004 National Clinic Procedures and Guidelines

(These procedures are REQUIRED of the site coordinator)

CLINIC PREPARATION

- p Identify clinic site and complete Site Application by Saturday, November 1st - mail or fax (410-366-6735)
- p Promote and coordinate player sign up through local high schools and colleges. (A minimum requirement of **50 PRE-REGISTERED** participants will be requested 30 days prior to the clinic)
- p US Lacrosse will send between three and five national team players (depending on the # of participants) to each site (The ultimate player/coach ratio is 12/1.)
- p Provide travel information to US Lacrosse including the local airport, train station, and bus station and driving directions.
- p Inventory local equipment (goals, cones, pinnies, rolls of tape to mark lines, water coolers, etc.)
- p Act as a liaison between US Lacrosse and the site.
- p Keep record of all National Clinic applicants and US Lacrosse membership forms with payment*
(a spread sheet with names, addresses, membership numbers and accurate payment records must be submitted to US Lacrosse)
- p Arrange for a certified athletic trainer to be on site for the clinic (US Lacrosse will pay a maximum of \$50.00 for the trainer)
- p Arrange the transportation of the US Team players coming by plane, train or bus to the clinic site and their accommodations.
- p Send confirmation notices with directions to each participant who sends in an application

IF A COACHES CLINIC IS ALSO PLANNED:

- p Keep record of all Coaches Clinic applicants and their payment (keep separate from the National Clinic participants)
- p Arrange for a classroom type setting for the Coaches Clinic.
- p Promote the Coaches Clinic to local HS and Youth coaches.
- p Work with assigned Coach clinician to make travel and accommodation arrangements.

FREQUENT EMAIL COMMUNICATION WITH THE US LACROSSE WOMEN'S DIVISION DIRECTOR IS IMPERATIVE.

THE DAY OF CLINIC

- Hang signs at the facility entrance, clinic registration and training facilities
- p Set up the registration table one hour prior to clinic, Check-in clinic participants (some participants may not have completed applications – have those applications ready when participants arrive – ALL APPLICATIONS MUST BE FULLY COMPLETED)
- p Distribute promotional materials at check in (t-shirt, ball etc.)
- p Set up water coolers and cups on field/gymnasium.
- p Make sure fields are lined and girls are divided into groups by lacrosse experience and position
- p Introduce the volunteer committee, staff and clinicians
- p Have clinicians and participants complete evaluation forms at the end of the clinic
- p Responsible for maintaining the integrity of the sponsor at the event (**No other vendors should be advertising or selling any of the competitors products**)

IF A COACHES CLINIC IS ALSO PLANNED:

- p Assist the assigned coach clinician with room set up (if required)
- p Check-in Coaches Clinic participants and direct them to their classroom

****NOTE: When collecting participant applications please do not separate checks from the applications.**

REGISTRATION FORMS AND CHECKS MUST BE SUBMITTED TO US LACROSSE THE WEEK AFTER THE CLINIC DATE!!!! NO EXCEPTIONS.

**2004 National Clinic
SITE APPLICATION**

Location for Clinic (SITE NAME):

Site Address:

City: _____ State: _____ Zip: _____

Contact number for clinic participants to use for information: _____

PAPER WORK MAILING ADDRESS: (if you would like clinic participants to send applications and payments to a separate address please indicate it below)

NAME:

ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

FAX: _____ E-MAIL: _____

MOST OF THE COMMUNICATION FROM US LACROSSE WILL OCCUR VIA EMAIL.

GENERAL INFORMATION

1. Dates available for the Clinic (please chose from the dates listed below)

	Sat	Sun	Sat	Sun	Sat	Sun
JANUARY	24 th	25 th	31 st			
FEBRUARY		1 st	7 th	8 th	14 th	15 th

2. Do you want to host a Coaches Clinic in conjunction with the Players clinic? Yes No
Coordinators Name: _____

3. Will your clinic be held indoors or outside? _____

4. ****It's important that there be adequate room for the clinicians to set up stations and play small games. Please indicate the number of participants you are expecting to have and can fit in your facility (please try to be accurate in your estimation).**

5. Number of Fields available? _____
6. Closest airport? _____ Train Station? _____
 Bus Station? _____
7. Is a classroom available for the Coaches Clinic? Yes No
8. IS a TV & VCR available? Yes No
9. Do you have required equipment? Yes No
 (cones, pinnies, rolls of tape, water coolers etc.)
10. Have you hosted a National Clinic, if yes when? _____

Please attach the following:

- 1.) typed directions to the site.
- 2.) names and phone numbers of local hotels.

IF SELECTED TO BE A 2004 NATIONAL CLINIC HOST, YOU WILL RECEIVE A CONFIRMATION EMAIL ON OR ABOUT NVEMBER 15TH. DETAILS REGARDING THE PROMOTION OF YOUR CLINIC WILL FOLLOW.

A .PDF FILE OF THE CLINIC APPLICATION (AND COACHES CLINIC FORM) WILL BE EMAILED TO YOU. THIS FORM WILL ALSO BE AVAILABLE AT WWW.USLACROSSE.ORG WHICH WILL ALLOW INTERESTED PARTICIPANTS TO DOWNLOAD IT THEMSELVES.

**FAX or MAIL THIS APPLICATION TO 410-366-6735 BY
 SATURDAY, NOVEMBER 1, 2003**

If you have any questions, please contact Erin B. Millon, Women's Division Director
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 410-235-6882 x117 (p) ebrown@uslacrosse.org