



**BROUGHT TO YOU BY TRI-CITY LACROSSE, INC.**

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**Goalie & Shooting Clinics featuring  
#9 Max Silberlicht**

Joined by college players with Tri-City Lacrosse.

**Where:** *Rising Stars Sports Complex, 4980 Rt. 233, Westmoreland, NY*

**When:** *December 28, 2011 (Girls and Boys Goalies only) All ages: 8:15 - 10pm*

*January 4, 2012 (Boys Shooting) All ages: (Session 1) 8:30-9:15pm, (Session 2) 9:15-10pm*

**Cost:** *Free* to current TC league members  
\$10 for non-members (make checks payable to **Tri-City Lacrosse**)

**Player requirements:** All protective equipment (**Also for nonmembers**): US Lacrosse insurance (bring proof), \$10, signed waiver (provided on next page)

**Topics covered:** Position specific skills and drills

**Max's Lacrosse Accomplishments**

**New Hartford High School**

Varsity player from 9<sup>th</sup> - 12<sup>th</sup> (3yr starter)

- 2 time, first Team all
- 5-2 in sectional, state playoffs
- Team MVP (2006)
- 739 career saves/308 goals allowed/ 71% save pct. (38<sup>th</sup> in New York State)

**Hobart University (07-10)**

In three and a half years as the starting goalie, Max posted a 9.24 goals against average with 18 wins, both firsts in the Hobart Career record books. He recorded 553 saves with a .576 save percentage, both of which are second all-time at the school. In 2008 he broke the Hobart single season goals against average (8.05), and then broke his own record the following year (7.91). Max is also a two time recipient of the C.R.A.G. Outstanding Defensive Player award ('09 and '10), while also being recognized as the senior co-Athlete of the Year for Hobart College.



**Lynchburg College (2011)**

Max is the offensive coordinator as well as the extra man coordinator at Lynchburg College. He led the Hornets offense in the spring of 2011 to score 216 goals for an average of 11.37 a game, while the extra man unit boasted a 28.9 conversion rate.

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## CENTRAL NY'S PREMIER LACROSSE ORGANIZATION

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### CLINIC WAIVER AND RELEASE OF LIABILITY

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In return for being allowed to participate in the lacrosse clinic with Max Silberlicht (henceforth known as 'Event'), December 21,28, 2011, I release and agree not-to-sue Brick Wallz, Tri-City Lacrosse and each of their sub-contractors, sponsors, agents, coaches (Max Silberlicht, et. al.) and affiliates from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Event and caused by the ordinary negligence of the parties listed above, wherever, whenever, or however the same may occur. I understand and agree that those listed above are not responsible for any injury or property damage arising out of the Event, even if caused by their ordinary negligence. I understand that participation in the Event involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Event with knowledge of the danger involved and agree to accept all risks of participation. I also agree to indemnify and hold harmless those listed above for all claims arising out of my participation in the Event and all related activities. I understand that this document is intended to be as broad and inclusive as permitted by the laws of New York State and agree that if any portion of this waiver is invalid, the remainder will continue to full legal force and effect. I further agree that any legal proceedings related to this waiver will take place in the State of New York, County of Oneida.

Player Signature: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

#### **Medical Insurance Information:**

US Lacrosse ID Number: \_\_\_\_\_

Player allergies or special conditions: \_\_\_\_\_

(If player is under 18 years of age)

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

I/We being the parent(s) or legal guardians of the minor named above permission to participate in the Event and hereby appoint:

Tri-City Lacrosse Staff to act upon my/our behalf in authorizing unexpected medical, dental, surgical care and/or hospitalization for the above named minor during any period of on December 21,28, 2011.