

CAPITALLAND LACROSSE AND FIELD HOCKEY

CO-PRESIDENTS -

GARY R. WEISS
CHAD C. FINCK

MAILING ADDRESS - 7 AZALEA COURT - CLIFTON PARK, NY 12065

E-MAIL ADDRESS - CHAD@CAPITALLANDLACROSSE.COM

WEB PAGE - CAPITALLANDLACROSSE.COM

518-527-1340

or 518-527-6110

SUMMER 2010 BOYS LACROSSE DAY & EVENING CAMPS

Name _____ Address: _____ City _____ Zip _____

Date of birth _____ Grade level _____ School/Group Name _____ Position _____

Phone _____ Emer. Phone _____ Experience _____ Are you new to the Capital Land Program? **Yes No**

If you are not on our e-mail list & would like to be added, please PRINT your e-mail address here:

The Capitalland Lacrosse Club is offering the following **SUMMER DAY & EVENING LACROSSE CAMPS** on the fields in front of the hockey rink at the Clifton Park Commons. Our professional staff includes two of the best coaches in the area, Gary Weiss & Chad Finck. In each program players will be assigned to groups based on their age and skill level. Each player will be given quality instruction that fits the player's level of experience. This will include individual skill work, offensive/defensive tactics & techniques, team concepts, goalie skills, as well as, full field games & recommendations. Register early by mail to ensure your spot. We will be accepting applications ½ hour prior to each session as long as room is available. We also have a **PLAY & PAY EACH TIME PROGRAM** for those players who can only make one or two events in the summer.

SUMMER BOYS LACROSSE DIRECTORS

GARY WEISS - Former Shenendehowa Varsity Head Coach & 1992 Coach of the Year. Four time CDHSLC Championships & Empire State Games – Coach 1993-1994.

CHAD FINCK - Former Shaker Varsity Head Coach. Five time Section II Champion. Eight time CDHSLC Championships & Empire State Games – Coach 1989-1990.

DAY & EVENING LACROSSE CAMPS – Dates, times & skill levels for each camp are listed below. The fee for the day camps is \$135 & our night camp fee is \$110. **ALL CHECKS ARE TO BE MADE TO THE TOWN OF CLIFTON PARK.** We also have a **PAY PER CAMP** program for those players who can only make a day/night or two. The fee is \$35 per day camp & \$30 per night camp. These players are to go to our desk located in front of the hockey rink & receive a pass. Check the skill level & camp you like. Equipment will be available to rent the first night for a small fee.

- **ADVANCED SKILLS PROGRAM** grades 5 – 10. This program is for the intermediate and advanced skill level players who have been playing lacrosse for a while and have a good deal of skill. These players want to refine their skills while being introduced to more advanced techniques they will need to start on their schools team.
- **BEGINNER AND NOVICE PROGRAM** grades 6 – 10. This program is for novice or beginning lacrosse players who need to sharpen their basic skills while being introduced to more advanced techniques that they will need in order to make their schools modified, freshman or junior varsity teams.
- **BOYS ELEMENTARY LEVEL GRADES 2-5** this program is for all levels of players who want to learn how to play lacrosse the right way. Players will sharpen their existing skills while being introduced to more advanced skills.
- **CO-ED BEGINNER (STICKS ONLY) (GRADES K-5):** This program is for the beginners & is set in fun, hands on positive environment. Just right for those who want to try the fastest growing sport in America, lacrosse. We will be using a puffball, no contact is aloud, **and THE EMPHASIS IS ON FUN!**

_____ CAMP 1 – JULY 6th -- 9th (four days) 9 AM - 1 PM - FOR ALL LEVELS OF PLAY EXCEPT ADVANCED SKILLS

_____ CAMP 2 -- JULY 12th -- 16th 9 AM TO NOON - FOR ALL LEVELS OF PLAY

_____ CAMP 3 – JULY 19th -- 23th 9 AM TO NOON - FOR ALL LEVELS OF PLAY

_____ CAMP 4 -- JULY 26th -- 30th 6 PM TO 8 PM - FOR ALL LEVELS OF PLAY

E-MAIL US AT CHAD@CAPITALLANDLACROSSE.COM TO BE PUT ON OUR E-MAIL LIST

OTHER CLL SUMMER ACTIVITIES
****PLEASE GO TO OUR WEBSITE – WWW.CAPITALLANDLACROSSE.COM FOR DATES & TIMES****

BOYS EVENING LACROSSE INSTRUCTIONAL PROGRAMS AS WELL AS LIVE GAME PROGRAMS
GIRLS LACROSSE DAY & EVENING PROGRAMS
MEN'S OPEN LACROSSE
GIRLS FIELD HOCKEY DAY & EVENING PROGRAMS

UPCOMING EVENTS – BOYS & GIRLS FALL LACROSSE -BOYS & GIRLS WINTER LACROSSE -GIRLS WINTER FIELD HOCKEY

How to contact us: Read more about us; check out our other seasonal offerings or download forms by visiting us online at www.capitallandlacrosse.com. To be added to our E-mail list for information about our winter, summer & fall programs or if you have any questions contact us at chad@capitallandlacrosse.com. Our phone numbers are 527-1340 or 527-6110.

Game site: Clifton Commons Sports Field. Take exit 9 off the Northway. Head West. Go passed Shen Central School. Just passed Pizza Hut, take left at the light. Clifton Commons is ½ mile on the left. As you go into the commons, go straight to the parking lot on the right. The field is next to the parking lot.

Equipment: Players must wear personal equipment mandated by high school lacrosse regulations. There will be requisite equipment available for rent by any person in need for a small fee.

Registration: Pre-registration by mail, Capitalland Lacrosse, 7 Azalea Ct. Clifton Park, NY 12065. Registrations will also be accepted ½ hour prior to each scheduled session as long as space is available.

Bad weather: If weather conditions are threatening, please contact 527-6110 or 527-1340 one hour before play is to begin to see if lacrosse is still on.

Payments/Refunds – All checks are to be written to the Town of Clifton Park. All requests for refunds must follow Town policies and go through the Town of Clifton Park. Capitalland is only an agent through them. Their number is 371-6667.

MEDICAL TREATMENT AUTHORIZATION

PLAYERS NAME _____

I/We, being the legal parent(s) / guardian (s) of the applicant, do hereby authorize Capitalland Lacrosse Club, Inc. and its duly authorized agent(s) permission to request medical treatment, as necessary, to assure the well-being of our child.

Sign here - _____

(Parent / guardian's signature and relationship to applicant)

MEDICAL INFORMATION SECTION

(To be completed by a parent or guardian)

As stated on our Insurance Waiver forms, there always is a risk that injury (ies) or various physical/emotional conditions may result in a need for medical attention. To help the coaches and staff better monitor and respond to these possibilities, please describe any restriction(s) that may apply, and any medication needs that require our attention. Thank you for your cooperation in providing this information.

RESTRICTIONS: _____ MEDICAL NEEDS _____

You are engaging in a physically strenuous sporting activity that can result in physical contact and unintended injury. As the parent(s) / guardian (s) of the applicant in the Capitalland Lacrosse program I agree to, waive, discharge and covenant not to sue the Capitalland Lacrosse Club, Inc., their affiliated clubs, their respective administrators, participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the events, all of which are hereinafter referred to as "releases:", from any and all LIABILITY to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

(Signature parent / guardian)

(Printed Name of parent / guardian)