



*When: June 12 – June 14
(Wed. – Fri.)*

*Where: Woodstock HS
Football/Lacrosse Field*

Time: 9:00am-4:00pm



***WHS Girls Lacrosse
Clinic/Camp***

Hosted by:

***WHS Girls Lacrosse
Booster Club***

<http://woodstockgirlslacrosse.weebly.com/>

***WHS Girls
Lacrosse
Clinic/Camp***





Important Information

- To sign up, Go to Webpage: <http://woodstockgirlslacrosse.weebly.com/>
- Camp Price is \$180.00
- Camp is Wed-Friday, June 12-14th.
- Online Sign up deadline Monday June 10th.
- Players can sign up in person on June 12th.
- Lunch will be provided.
- Each participant will get a T-shirt.
- Girls will be taught stick skills.
- Girls will be taught the basics of the Lacrosse game; Attack, Middle, Defense and Goalie.
- Girls will be shown line drills, ground ball drills, and other lacrosse techniques.

WAIVER/RELEASE FORM

Participants Name: _____

Emergency Contact: _____

Phone: (H) _____ (W) _____
(Cell) _____

Relationship to Participant: _____

PARTICIPANT INFORMATION: Please check the correct response and fill in any necessary information

A. Is the participant allergic to anything?
YES () NO ()

If yes, please list _____

B. Is the participant currently taking any medication?
YES () NO ()

If yes, please list _____

C. Photo permission. Pictures may be taken at programs. We encourage parents to allow photos to avoid isolation of participants during photo sessions. Pictures are used for scrapbooks, publicity, or brochures. By signing this waiver you are also granting permission for photos to be taken.

EMERGENCY TREATMENT & TRANSPORTATION PERMISSION:

In case of accident or injury, <insert name of camp> needs parental or guardian permission for emergency treatment and transportation. A signature below grants this permission.

INSURANCE INFORMATION: Health, medical, and hospital coverage is the responsibility of the participant, parent or guardian.

Insurance Co: _____

Policy#: _____

HOLD HARMLESS-INDEMNITY RELEASE FOR PARTICIPANTS, CAMP WAIVER & RELEASE OF ALL CLAIMS:

Please read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries you might sustain arising out of this program. "As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I or my child may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against CCBOE, <insert name of camp> and their officers, agents, servants and employees". I have read and fully understand the above Program Details and Waiver and Release all Claims.

Signature(s): _____

Please print name: _____

Date: _____



Camp/Clinic Extra Information

- Extra water will be provided, however, always good to bring a water bottle for next to the field.
- Players need to be between rising 3rd and rising 8th grade.
- Players will need Lacrosse Equipment. If you do not have any ask around to borrow some to see if Lacrosse is for your child.
- Coach Clouse has mouth guards for sale \$1.00 each.
- We will be on the Lacrosse field each day weather depending, if needed we will move to the High School Gym.
- Tennis shoes are required each day. (even if you bring cleats)
- If your child has molded cleats please bring them as they are preferred for the turf, but not required.
- The field is turf and water only is allowed on the field.

