

Seawolf Lacrosse Camps

Especially for



**Brought to you by: Eva Oliver and Stacey Sniderhan
(Sonoma State Women's Lacrosse Players)**

Clinic Dates:

U-11 Girls' Clinic: June 23-26 9am – 2pm San Marin Turf
U-13/U-15 Girls' Clinic: July 28-31 9am – 2pm San Marin Turf

Schedule: 9:00-11:00 = Footwork and Stick skills
11:00-11:30 = Lunch Break
11:30-12:00 = Team Building Activities
12:00 - 2:00 = Playing the GAME

Co-Ed Day Camp 1: (ages: 8-12) July 12-15 9am – 3pm San Marin Turf
Co-Ed Day Camp 2: (ages: 8-12) August 10-13 9am – 3pm San Marin Turf

Schedule: 9:00-11:00 = Footwork and Stick skills
11:00-11:30 = Lunch Break
11:30-12:00 = Team Building Activities
12:00 - 3:00 = Playing the GAME



Girls will work with Eva and Stacey



Boys will work with **Jordan Ambler** and **Casey Wood** (**SSU Men's Lacrosse Players**)



There will be a FUN boys vs. girls (switching sticks) scrimmage (no pads, helmets or contact) for families to watch on the last day of camp.

****Eva and Stacey are also available for PRIVATE LESSONS—Stacey offers extra help for goalies; Eva offers extra stick-work help. Location and price are to be negotiated.**

Prices: Girls' Clinics = \$150 per girl
Co-Ed Day Camps = \$175 per athlete
Private Lessons = To be Negotiated

US Lacrosse membership is required to participate. (NLC will have it if you have registered for the 2008-09 season) If you do not have one you will need to register for one at www.uslacrosse.org for a **\$25** fee in order to participate.

To register, please contact:

Eva Oliver at 209-743-8777 or email olivere@sonoma.edu



Seawolf CLINICS 2009 REGISTRATION FORM

Name: _____ Age: _____ Position: _____

Years Playing lacrosse: _____ Team Played for last season: _____

Address: _____ City: _____ Zip Code: _____

Telephone: _____ Email: _____

Parent/Guardian: _____

US Lacrosse #: _____ (NLC will have it if you have registered for the 2008-09 season)

Medical Insurance Carrier: _____ Policy Number: _____

In the event of illness, accident, or injury, I direct the Novato Lacrosse Club to contact the following person(s) who are authorized to act in my absence. I will inform those listed that their names have been used on this form.

Parent/Guardian Signature: _____ Date: _____

1. _____ Relationship: _____ Phone: _____ Cell: _____

2. _____ Relationship: _____ Phone: _____ Cell: _____

PAYMENT INFORMATION:

Please complete both pages and make check payable to NLC & bring to the first day of camp. Verbal registration required to attend.

To register, please contact:

Eva Oliver at 209-743-8777 or email olivere@sonoma.edu

Novato Lacrosse Club Summer Lacrosse Clinics

Agreement to Participate and Release of Liability

Participation in lacrosse involves certain inherent risks and, regardless of the care taken, it is impossible to ensure the participant's safety. Lacrosse requires considerable coordination, agility, and a high level of cardiovascular fitness. It involves vigorous activity for as long as an hour or more, quick bursts of speed, and alertness to fast moving objects. A variety of injuries may occur, including: minor scrapes, bruises, and sprains; more serious injuries, such as broken bones, cuts, concussions, eye injuries, and ligament strains or tears; and catastrophic injuries such as heart attack, paralysis, and death.

These injuries may occur in lacrosse as a result of accidents such as slips, being struck by the ball in an unprotected area, being struck by a stick in an unauthorized fashion, colliding with another player, colliding with the goal, summering or excessive stress placed on the cardiovascular system. To help reduce the chance of injury to oneself or other participants, participants are expected to follow all official rules. All participants are expected to: wear protective pads and gloves as required by the official rules.

I/We, the parent(s)/guardian(s) of the aforementioned child, hereby give permission for my/our child to participate in the Novato Lacrosse Club Summer Clinic during the dates listed. I/We understand there are obvious known dangers/risks inherent in participation in this program (or any program of this nature), including, but not limited to, injuries sustained through a summer or loss of personal property. I/we voluntarily agree to assume such risks. In consideration of the Novato Lacrosse Club permitting my/our child's participation in the Novato Lacrosse Club Summer Clinic, based on my/our representation that my/our child is in proper physical health and condition to participate, I/we agree:

1. To assume all risk of injury to my/our child and all risk of damage to or loss of my/our child's property arising from my/our child's participation in Novato Lacrosse Club Summer Clinic
2. To release and forever discharge the Novato Lacrosse Club, its officers, agents, and employees from any and all claims or liability for any injury, including death, and for property damage or loss which may be suffered by me or my child arising out of or in any connection with my child's participation in the Novato Lacrosse Club Summer Clinic, and;
3. For my/our child, myself, our heirs, executors, administrators, and assigns to indemnify and hold harmless the Novato Lacrosse Club, its officers, agents and employees from any and all liability, claims, demands, actions, loss and damage arising out of my/our child's participation in the Novato Lacrosse Club Summer Clinic.

AGREEMENT: I agree to follow all preceding safety rules, all posted rules, and all rules common to the sport of lacrosse. Further, I agree to report any unsafe practices, conditions, or equipment to the management. I certify that: 1) I possess a sufficient degree of physical fitness to safely participate in lacrosse, 2) I understand that I am to discontinue activity at any time I feel undue discomfort or stress, and 3) I will indicate below any health related conditions that might affect my ability to play lacrosse and will immediately verbally inform the management if I feel any discomfort or stress.

Player must indicate any medical conditions/illnesses he/she has:

Diabetes, Heart Problems, Seizures, Asthma, Other _____.

I have read and understand the preceding information and stipulations. I know, understand, and appreciate the risks associated with playing lacrosse and I am voluntarily participating in the activity. I assume all of the inherent risks of lacrosse, I understand in the event of medical emergency, an EMS will be called to render assistance and that I will be financially responsible for any expenses involved.

Signature of Participant

Date

Signature of Parent

Date

Summer Ball Tips

Apply Sunscreen before you leave in the morning & Pack Sunscreen in your bag
Bring plenty of Water. **Water** is the only drink allowed on the Turf
Pack a **HEALTHY** Lunch, remember protein and Fruit

Girls Equipment Requirements:

Stick
Goggles
Mouth Guard

Cleats or Sports Tennis shoes (converse and skate shoes do not work)

Boys Equipment Requirements:

Stick
Helmet
Mouth Guard

Pads (Shoulder, elbow & Gloves)

Cleats or Sports Tennis shoes (converse and skate shoes do not work)