

2009 ESM Boys Lacrosse Summer Camp



Session 1 – Sunday, July 5th – Thursday, July 9th

This session is for boys entering 9th through 12th grade in the fall of 2009. Coach Huff and the high school coaching staff will instruct the players during this session

Session 2 – Monday, July 13th – Friday, July 17th

This session is for boys entering 1st through 8th grade in the fall of 2009. High school lacrosse players and alumni under the guidance of Coach Huff and the high school coaching staff will instruct the players during this session.

The cost is \$125 per camper. Camp hours are from 5:30 PM to dusk at Dayton Avenue. Please arrive at 5:00 PM in order to sign in, get dressed and be ready by 5:30 PM. Participants should bring a water, stick, helmet, mouthpiece, athletic supporter with protective cup, shoulder pads, arm guards, gloves, and plastic cleats (no metal cleats). Some equipment may be available on a first come, first serve basis.

Complete the registration form below, make out a check to “ESM Boys Lacrosse Booster Club” and mail them to:

Boys Lacrosse Camp
PO Box 905
Manorville, NY 11949

Forms postmarked after June 15th will pay a \$25 surcharge or may not be accepted.

NAME: _____
ADDRESS: _____
PHONE: _____
EMAIL: _____
POSITION: _____ (Goalie, Midfielder, Defense, Attack)
GRADE (2009/2010): _____ SESSION: _____ (1 or 2)
SHIRT SIZE: _____ (YS, YM, YL, AS/M, AL/XL)
AMOUNT PAID: _____ CHECK #: _____

** NO REFUNDS UNDER ANY CIRCUMSTANCES. THE CAMP MAYBE RELOCATED TO THE HIGH SCHOOL. RAIN DATES WILL BE MADE UP IF POSSIBLE AT THE CAMP DIRECTORS DISCRETION. LOCATION CHANGES AND RAIN OUT INFORMATION WILL BE POSTED ON www.esmlacrosse.com ***

In consideration of the Boys Lacrosse Camp allowing my child to attend, I (we), individually and as legal guardian(s) (and/or) parents of _____ (Player’s Name), a minor, do hereby release, discharge, indemnify and hold harmless ESM Boys Lacrosse Club, and it’s directors, officers, employees, agents, successors, and assigns from and against, and waive any and all claims of liabilities for any injuries, losses, or damage, including with limitations, injuries to my child, myself and/or property, arising out of or incident to my child’s participation in Boys Lacrosse Camp. I hereby authorize the staff at ESM Boys Lacrosse Booster Club to act for me according to their best judgment, in any medical emergency for my child.

DATE: _____ PARENT (LEGAL GUARDIAN) SIGNATURE: _____