

2008 GIRLS LACROSSE CAMP (NORTHSTAR)

JUNE 9TH TO JUNE 12TH AT DUBLIN COFFMAN HIGH SCHOOL

EVENING SESSIONS FOR GIRLS ENTERING THE 6TH THRU 12TH GRADES. 5PM TO 9 PM EACH DAY

CAMP DIRECTOR: PAUL CALDWELL CO-DIRECTOR : JIM LEAKE

COACH CALDWELL HAS BEEN INVOLVED WITH LACROSSE FOR 47 YEARS AS A COACH, PLAYER, OFFICIAL AND ADMINISTRATOR. HE IS A CHARTER MEMBER OF THE HALL OF FAME (OHIO CHAPTER OF USLACROSSE). COACH LEAKE IS THE GIRLS COACH AT BISHOP WATTERSON HIGH SCHOOL. HE IS THE FORMER HEAD COACH AT THOMAS WORTHINGTON HS. HE HAS BEEN INVOLVED WITH LACROSSE FOR OVER 30 YEARS.

PAYMENT : \$110.00 FOR THE EVENING SESSION (\$95 FEE IF RECEIVED BY MAY 21ST); CAMP FEES INCLUDE CAMP T-SHIRT, PIZZA PARTY AND DOOR PRIZE DRAWINGS THE LAST NIGHT OF CAMP. NO REFUNDS.

**USLACROSSE MEMBERSHIP IS MANDATORY;
JOIN ONLINE AT USLACROSSE.ORG**

*** (SCHOLARSHIPS AVAILABLE- CALL 451-9717 FOR INFORMATION) ***

THE CAMP IS STAFFED BY COLUMBUS AREA HIGH SCHOOL COACHES, COLLEGE COACHES AND PLAYERS FROM OHIO STATE; CINCINNATI; NOTRE DAME COLLEGE; DAVIDSON; DENISON; QUEENS COLLEGE; ROANOKE; WITTENBERG AND WOOSTER. THEY WILL BE INSTRUCTING AND COACHING THE GIRLS.

BASIC INSTRUCTION WILL FEATURE INDIVIDUAL AND TEAM SKILL IMPROVEMENT BOTH OFFENSIVELY AND DEFENSIVELY. EACH DAY WILL FEATURE GAMES AND TEAM COMPETITIONS.

QUESTIONS: CALL PAUL CALDWELL AT 451-9717

REGISTRATION BEGINS ½ HOUR BEFORE CAMP TIME ON THE 9TH (4:30PM)

*** **NOTE : ALL CAMPERS MUST HAVE A MOUTH PIECE STICK AND EYE PROTECTION (GOGGLES). YOU CANNOT PLAY WITHOUT ALL SAFETY EQUIPMENT** ***

RETURN BELOW INFORMATION

* MAKE CHECKS PAYABLE TO : NORTHSTAR LACROSSE AMOUNT ENCLOSED \$ _____

** SEND YOUR CHECK TO : 1306 NANTUCKET AVE., COLUMBUS, OH.43235**

NAME : _____ GRADE IN SCHOOL ____ YEARS PLAYED ____

ADDRESS: _____ CITY/ZIP : _____ POSITION _____

HOME PHONE : () _____; EMERGENCY PARENT PHONE : () _____

T-SHIRT SIZE (CIRCLE ONE) ADL S ADL M ADL L ADL XL

US LACROSSE MEMBERSHIP # _____ EXP. DATE _____

PARENTS/GUARDIANS ASSUME ALL RISK FOR INJURY OR DAMAGE ASSOCIATED WITH PARTICIPATION. I/WE AGREE THAT THE DUBLIN CITY SCHOOL DISTRICT AND ITS EMPLOYEES ARE NOT RESPONSIBLE AND HOLD THEM HARMLESS; CONSEQUENTLY, I WILL NOT HOLD THESE ENTITIES LIABLE UNDER ANY MANNER OR CIRCUMSTANCE AS A RESULT OF MY CHILD'S PARTICIPATION IN THIS PROGRAM.

SIGNED _____ (PARENT/GUARDIAN) DATE _____