

CAMP INFORMATION

EQUIPMENT Field players need to bring a stick, mouth-guard, goggles, and appropriate footwear. Goalies you must bring your own equipment.

FACILITIES Campers will be using Sycamore Valley's top notch facilities. Camp will take place on their grass fields just above their turf fields.

MEALS Water and Gatorade will be provided for campers throughout the day. Any additional snacks must be brought by the camper.

CONFIRMATION AND RELEASE FORMS Upon completing registration, a confirmation with a medical release and health form will be sent via email. Please provide a parent's email address that is checked regularly. All forms must be properly filled out entirely and submitted prior participating in any camp event.

REFUNDS A non-refundable deposit of \$100.00 for each session will be kept regardless if and when a cancellation is made. If you cancel for any reason 7 days or within 7 days of camp your entire balance is non-refundable.

CONTACT US

EMAIL: coach@stickwithitlacrosse.com

PHONE: 831-277-1857

WEBSITE: www.stickwithitlacrosse.com

REGISTER ONLINE!
www.stickwithitlacrosse.com

STICK WITH IT!™
DANVILLE
P.O. Box 269
Walnut Creek, CA 94597

STICK WITH IT!

Lacrosse Camps
and
Goalie Academy
@
Sycamore Valley
Park



Where Women Rule The Field™

June 29 - July 2

2009 CAMP APPLICATION

Name _____

Address _____

City/State/Zip _____

E-mail Address _____

Parent/Guardian _____

Home # _____ Cell # _____

Emergency Phone _____

*You **MUST** be a member of US Lacrosse to participate. Please visit www.uslacrosse.org to join.

U.S. Lacrosse Membership # _____

U.S. Lacrosse Expiration Date _____

EXPERIENCE

Position: Attack Mid Defense Goalie

Club Team _____

School _____ Years of Exp.: _____

Grade in Sept. 2009 _____ Birth Date _____ Age _____

Highest Level: U-11 U-13 U-15

T-Shirt Preference: Small Med LG XL

REGISTRATION

JUNE 29– JULY 2

(AGES 9-14 Years Old)

U-11 Session _____ \$120.00
9:00am—10:30pm (9-10 Years Old)

U-13 Session _____ \$160.00
10:00am-12:00pm (11-12 Years Old)

U-15 Session _____ \$160.00
1:00pm-3:00pm (13-14 Years Old)

A non-refundable deposit of \$100.00 for each session will be kept regardless of if and when a cancellation is made. If you cancel for any reason 7 days or within 7 days of camp your entire balance is non-refundable.

...where women rule the field!

COACHING STAFF

OWNER AND DIRECTOR, AMY MCCLEARY



- 2006 IFWLA Recognition Award
- World Cup Coach for Germany 2005 & 2001
- Division I Coach: University of Delaware, James Madison University, Univ. Berkeley
- Conducted clinics in Canada, England, Japan, Germany and throughout the U.S.
- Two time All-American Midfielder
- Competed in the International Friendship Games in Tokyo, Japan

ASSISTANT DIRECTOR, DENISE WESCOTT



- Head Coach at Mt. St. Mary's University (MD)
- International Development Committee
- 2007 NEC Coach of the Year
- 2006 Diane Geppi-Aikens Memorial Lifetime Achievement Award
- New Jersey and Delaware Hall of Fame
- Two Time World Cup Coach
- U.S. Developmental Coach and Selector
- University of Maryland Goalkeeper

COACH HILARY HARKINS



- Assistant Coach at Davis High School
- U.S. Team Goalkeeper
- UC Davis Goalkeeper

STAFF: Additional staff will include some of the most talented and experienced Division I players and coaches in the country, including current and former National Team players.

REGISTRATION

SIGN-UP ONLINE BY JUNE 1ST!

VISIT US AT

WWW.STICKWITHITLACROSSE.COM

LIMITED ENROLLMENT!

STICK WITH IT! CAMPS

STICK WITH IT!™ camps are the perfect option for any player looking to learn and improve their game with instruction from an elite coaching staff, including top Division I players and coaches in the country. We will provide today's top players with a competitive, yet educational experience gained through one on one instruction and game situations.

U-11 is a great way for players to learn the basics of the game. Stick-work and small games will be taught. Campers must be ages 9-10.

U-13 session will emphasize fundamentals and incorporate offensive and defensive concepts. Players will apply skills and concepts in drills and small sided games while building to full field play. Campers must be ages 11-12.

U-15 will challenge players with dynamic stick-work, small game strategy, offensive and defensive concepts and full field scrimmages. All drills and games are specifically designed to prepare each camper for competition at the highest level. Campers must be ages 13-14.

GOALIE ACADEMY will be built into each session and led by Coach Wescott, whose curriculum includes the latest methods in stance and technique, visual training, wall exercises, strategy, and incorporation into the defensive unit. Each goalie attending will participate in small sided situations and scrimmages, where the specific methods, techniques, and strategies can be applied and assessed. **Goalies must provide all of their own gear.**



2009 STICK WITH IT!TM
Lacrosse Camps and Goalie Academy
Danville

Medical Release and Emergency Contact Authorization Form

You will not be able to participate without submission of the Medical Release and Health History Forms.

NAME: _____ **BIRTHDATE:** _____
ADDRESS: _____ **PHONE:** _____

Dear parent/guardian: The medical consent and emergency contact authorization form is necessary for the health and well-being of your child/ward. Failure to complete and deliver this form on or before the day of competition will result in rejection of the tournament application.

I. CONSENT TO EMERGENCY MEDICAL TREATMENT

- A. I hereby authorize and consent to emergency medical treatment for my child/ward while enrolled in the STICK WITH IT!TM Lacrosse Camps and Goalie Academy. The STICK WITH IT!TM Lacrosse Camps and Goalie Academy has my permission, in an emergency when I can not be contacted, to take my child/ward to the emergency ward of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child/ward.
- B. I hereby authorize and consent to non-emergency first-aid for my child/ward while enrolled as a participant in the STICK WITH IT!TM Lacrosse Camps and Goalie Academy, as deemed necessary by the staff of the STICK WITH IT!TM Lacrosse Camps and Goalie Academy.

Signature of Parent/Guardian: _____ **Date:** _____

II. AGREEMENT TO PARTICIPATE

I assure that you and your child/ward understand and accept the risk of participation in the STICK WITH IT!TM Lacrosse Camps and Goalie Academy, you must both sign the applicable sections below. Failure to complete this section will result in rejection of the application.

A. CAMPER AGREEMENT (to be signed by camp participants)

I understand that some of the STICK WITH IT!TM Lacrosse Camps and Goalie Academy activities could cause injury to me. I am willing to assume the risk. I also understand that the best way to make sure that I remain safe and avoid injury is to follow all instructions of the staff of STICK WITH IT!TM Lacrosse Camps and Goalie Academy. I agree that I will learn all the rules and regulations and will follow all instructions of the staff of STICK WITH IT!TM Lacrosse Camps and Goalie Academy.

Signature of Camper: _____ **Date:** _____

B. CAMPER AGREEMENT (to be signed by parent/guardian of all participants)

I agree to allow my child/ward to participate in the STICK WITH IT!TM Lacrosse Camps and Goalie Academy and affirm that my child's/ward's participation is completely voluntary. I understand that there are risks inherent in the activities of my child/ward will engage in at the STICK WITH IT!TM Lacrosse Camps and Goalie Academy, which may cause serious injury and even death. I also understand that, despite safety cautions, STICK WITH IT!TM Lacrosse Camps and Goalie Academy cannot guarantee that my child/ward will not be injured. My child/ward and I are willing to assume this risk. To minimize the risk, I have instructed my child/ward to obey all rules, regulations, and instructions of the staff of the STICK WITH IT!TM Lacrosse Camps and Goalie Academy. I acknowledge that STICK WITH IT!TM Lacrosse Camps and Goalie Academy can only accept responsibility of its own negligence or intentionally wrongful acts in connection with my child's/ward's participation in the STICK WITH IT!TM Lacrosse Camps and Goalie Academy and hereby release and hold harmless STICK WITH IT!TM, STICK WITH IT!TM Lacrosse, STICK WITH IT!TM Lacrosse Camps and Goalie Academy, Town of Danville, Sycamore Valley Park, their employees, officers, administrators, agents, representatives, students, affiliates, successors and assigns from all other claims, actions, cause of actions, suits, judgments, and demands. I acknowledge and I have read and understood this form and that the terms herein are contractual and are not a mere recital.

Signature of Parent/Guardian: _____ **Date:** _____

2009 *STICK WITH IT!*TM

Lacrosse Camps and Goalie Academy

Danville

Participation Health History Form

You will not be able to participate without submission of the Medical Release and Health History Forms.

NAME: _____ **BIRTHDATE:** _____
ADDRESS: _____ **PHONE:** _____

Please respond to the following bullets by circling yes or no.
Do you have now or have you had in the past, problems with: If yes, please explain

- | | | |
|--|-----|----|
| • Headaches-needing treatment | YES | NO |
| • Heart | YES | NO |
| • Breathing (Asthma) | YES | NO |
| • Abdominal Pain | YES | NO |
| • Epilepsy | YES | NO |
| • Eyes (Except eyeglasses) | YES | NO |
| • Hearing or Ears | YES | NO |
| • Diabetes | YES | NO |
| • High Blood Pressure | YES | NO |
| • Allergies | YES | NO |
| • Sickle Cell Anemia or Trait | YES | NO |
| • Broken Bones | YES | NO |
| • Concussion | YES | NO |
| • Spine or Neck Injury | YES | NO |
| • Kidney Disorders | YES | NO |
| • Loss of Consciousness | YES | NO |
| • Any Injury that Required Hospitalization | YES | NO |

The foregoing information is accurate to the best of my knowledge. I am aware that inaccuracies or omissions may jeopardize my child/ward's health.

Signature of Parent/Guardian: _____ Date: _____

Emergency Contact and Insurance Information

Person to contact in an emergency _____
 Relationship: _____ Phone: _____
 Medical Insurance Company/Plan: _____
 Phone: _____ ID Subscriber: _____
 Policy#: _____
 Address where claims should be mailed: _____
 Is this Insurance Company an **HMO** or **PPO**?

YOU MUST ATTACH A COPY OF YOUR INSURANCE IDENTIFICATION CARD.

Copy of Participant's Insurance Card

Copy of Participant's Insurance Card

FRONT OF INSURANCE CARD

BACK OF INSURANCE CARD