



KINGSBURY COUNTRY DAY
SCHOOL HOSTS:



Youth Lacrosse

Lacrosse camp for boys and girls ages 8-14

July 6-10, 2009

Boys and girls programs (ages 8-9)

Equipment required: Lacrosse stick

Program description: Campers will be introduced to the fundamental skills of the game of lacrosse such as catching, throwing, scooping, shooting and cradling. The skills will be practiced through a variety of interesting drills and fun play activities. Basic rules of the game will also be discussed.

Boys and girls programs (ages 10-14)

Equipment required: **Boys** (lacrosse stick, helmet, gloves, shoulder pads, elbow pads)

Girls (lacrosse stick and goggles)

Program description: In addition to learning and refining their basic lacrosse skills (catching, throwing, scooping, shooting and cradling), campers will also learn the techniques such as checking, simple dodges and setting picks. Skills will be developed through fun drills and daily scrimmages.



Important Information:

Dates: July 6-10, 2009 9:30 am - 12:00 pm

Where: Kingsbury Country Day School

5000 Hosner Road, Oxford, MI 48370 (see map)

Camp Fee: \$140

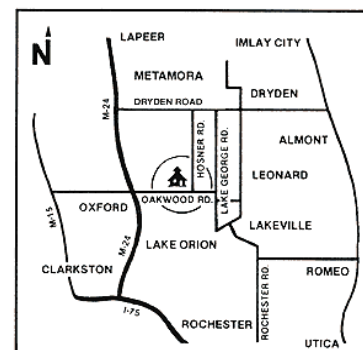
What To Bring: required equipment (see above)
water bottle and snack. Wear athletic clothing
and athletic shoes.

Please contact me with any questions:

Beth Richert, Camp Coordinator

248-628-2571

brichert@kingsburyschool.org



YOUTH LACROSSE SUMMER CAMP
AT KINGSBURY COUNTRY DAY SCHOOL
2009 REGISTRATION

REGISTRATION INSTRUCTIONS:

- 1- Complete the form below.
- 2- Enclose full payment. (Checks should be made payable to **Kingsbury School**)
- 3- Mail to: Kingsbury Country Day School 5000 Hosner Road Oxford, MI 48370
- 4- Registrations need to be received by Monday, June 29, 2009

Participant Information

Camp Participant: _____
Date of Birth: _____
Additional Participant: _____
Date of Birth: _____

Billing Information

\$140 per camper
Make checks payable to: **Kingsbury School**

GRAND TOTAL: \$ _____

There is a \$20.00 cancellation fee. Cancellations are accepted up to 14 days prior to camp.

Parent/Guardian Information

Mother: _____ Cell Phone: _____
Father: _____ Cell Phone: _____
Home Phone: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Email: _____

How did you hear about our camp? _____

Emergency Contact: _____ Phone: _____

In the event that a non-life threatening injury occurs, do you have a hospital preference?

Please list any medical conditions of which the camp staff should be made aware:

Waiver: I understand that I am placing my child in a program that involves a risk of physical injury. I understand that I cannot hold the Youth Lacrosse Camp, it's staff and the host facility responsible for such injuries. I acknowledge that I have made the Youth Lacrosse staff aware of any known conditions which may increase the risk of physical injury. I acknowledge that I have made the Youth Lacrosse staff aware of all conditions which may affect the treatment of my child in the case of an emergency. In the event of an emergency, I give my permission for the Youth Lacrosse staff and/or the staff of the host facility to administer the necessary first aid. I also understand that I cannot hold the Youth Lacrosse Camp responsible for lost, damaged or stolen items. I also understand that my child may be dismissed from camp, with no refund, in the event he or she is disruptive or unsportsmanlike.

PARENT SIGNATURE: _____ **DATE:** _____