

CAPITAL LAND LACROSSE & FIELD HOCKEY CLUB, INC.

CO-PRESIDENTS: GARY R. WEISS
CHAD C. FINCK

SPORTS PROGRAM COORDINATORS: KAREN FLEWELLING & MARYLOU VOSBURGH
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MAILING ADDRESS: 7 AZALEA COURT CLIFTON PARK, NY 12065 (518) 383-3245



SUMMER EVENING LACROSSE FOR GIRLS 2008

Name _____ Address _____ City _____ Zip _____

Date of birth _____ Age _____ Phone # _____ Emergency # _____ Are you new to CLL? Yes / No

Last level of experience _____ Grade level _____ School Name _____ Position _____

If you are not on our E-mail list, please place it here so we can let you know of future events quicker _____

The Capitalland Lacrosse Club is running a summer girls evening lacrosse program on the turf fields of the Sportsplex in Halfmoon. We will be offering three programs. **A girls advanced skill program, a novice and beginner program, and a co-ed k-5th non-contact program.** Each player will be given quality instruction that fits the player's level of experience. That instruction includes: stick handling, catching, passing, cradling, offensive tactics & techniques, defensive tactics & techniques, team concepts, goal keeping skills, full field games, as well as, field evaluations & coach's recommendations. The advanced skills program and the beginner/novice program will be taught by two of the best female coaches in the area; **Mary Lou Vosburgh and Karen Flewelling. Mary Lou is a former SUNY Albany Women's Lacrosse Coach and Karen is a former Empire State Lacrosse Coach.** Register by mail early to ensure your spot. We will be accepting applications ½ hour prior to each scheduled session as long as spots are available. We do have equipment to rent for a small fee.

SUMMER GIRLS LACROSSE DIRECTORS

KAREN FLEWELLING

Former Shaker High School Head Lacrosse Coach
Former Empire State Lacrosse Coach

MARYLOU VOSBURGH

Former SUNY Albany Women's Lacrosse
Former Bethlehem HS Varsity Head Coach

Please enroll by selecting the appropriate check box below.

- ADVANCED SKILLS PROGRAM:** This program is for the intermediate and advanced skill level players who have been playing lacrosse for a while and have a good deal of lacrosse skill. These players want to refine their skills while being introduced to more advanced techniques so they can capture a starting position on their high school's varsity or college team. This level will play on Thursday nights from 5:30 to 6:30. Play will start the week of 6/26/08 and end 8/7 excluding 7/3. The cost of this program is \$110 if you sign up by 6/21 and \$125 if you sign up after that date. A \$30 non-refundable deposit is included in the fee and all refunds must be submitted in writing to us before the end of the season.
- BEGINNER AND NOVICE PROGRAM:** This program is for girls who are novice or beginning lacrosse players who need to sharpen their basic skills while being introduced to more advanced techniques that they will need in order to make their school's modified, freshman or junior varsity teams. This level will play on Thursday nights from 6:30 to 7:30. Play will start the week of 6/26/08 and end 8/7 excluding 7/3. The cost of this program is \$110 if you sign up by 6/21 and \$125 if you sign up after that date. A \$30 non-refundable deposit is included in the fee and all refunds must be submitted in writing to us before the end of the season.
- CO-ED K -5TH GRADE NON-CONTACT** - stick only program. This is for those players who are just starting out and want to learn the basics of the game of lacrosse in a fun atmosphere. We will be using a puffball. Playtime for this session will be on Tuesday nights starting 6/24/08 and will run until 8/5. Time of play is from 5:30 pm to 6:30 pm. We will not have lacrosse on 7/1. The cost of this program is \$85 if you sign up by 6/21 and \$100 if you sign up after that date. A \$30 non-refundable deposit is included in the fee and all refunds must be submitted in writing to us before the end of the season.

**FOR ALL OTHER FALL AND WINTER OFFERINGS, INCLUDING LEAGUES,
E-MAIL US AT CHAD@CAPITALLANDLACROSSE.COM TO BE PUT ON OUR E-MAIL LIST**

CONTACT US : E-mail us at Chad@capitallandlacrosse.com if you have any questions or to be added to our mailing list for information on our winter, summer & fall programs. Check us out online at Capitallandlacrosse.com and download our forms.

OTHER CLL SUMMER ACTIVITIES

*****PLEASE GO TO OUR WEB SITE – CAPITALLANDLACROSSE.COM FOR DATES AND TIMES FOR THE FOLLOWING*****

**BOYS SUMMER LACROSSE DAY CAMPS
BOYS SUMMER LACROSSE LEAGUES
GIRLS SUMMER LACROSSE DAY CAMPS**

**GIRLS FIELD HOCKEY DAY CAMPS
GIRLS EVENING FIELD HOCKEY INSTRUCTION
MENS OPEN LACROSSE PLAY**

- Game site: The Sportsplex of Halfmoon is located off exit 8A of the Northway. Head East off the exit until you reach Route 9. Turn left and go about two miles. The Sportsplex is on the left behind the Soccer Unlimited Store on Corporate Drive. Enter Corporate Drive at the sign for Pai's Tae-Kwon-Do.
- Equipment: Players must wear personal equipment mandated by high school lacrosse regulations. There will be requisite equipment available for rent by any person in need. Cleats can be worn as long as they have no metal parts to them.
- Registration: Pre-registration by mail, Capitalland Lacrosse, 7 Azalea Ct. Clifton Park, NY 12065 Registrations will also be accepted ½ hour prior to each scheduled session as long as space is available. A \$30 non-refundable deposit is included in the fee and all refunds must be submitted in writing to us before the end of the season.
- Bad weather: If weather conditions are threatening, please contact 383-3245 one hour before play is to begin to see if lacrosse is still going to be held.

CAPITALLAND LACROSSE & FIELD HOCKEY CLUB, INC.

MEDICAL TREATMENT AUTHORIZATION

PLAYER'S NAME: _____
Last Name First Name Middle Initial

I/We, being the legal parents(s)/guardian(s) of the applicant, do hereby authorize Capitalland Lacrosse Club, Inc. and its duly authorized agent(s) permission to request medical treatment, as necessary, to assure the well being of our child.

Parent /Guardian's signature and relationship to applicant

MEDICAL INFORMATION SECTION

(To be completed by parent or guardian)

As stated on our Insurance Waiver forms, there is always a risk that injury (ies) or various physical/emotional conditions may result in a need for medical attention. To help the coaches and staff better monitor and respond to these possibilities, please describe any restriction(s) that may apply, and any medication needs that require our attention. Thank you for your cooperation in providing this information.

RESTRICTIONS/MEDICAL NEEDS:

Coverage for accidental injury is required for all participants. Your family health plan is your level of protection. Our insurance contract allows no one to play in Capitalland's program until proof of coverage is provided and both waivers and release forms are completed.

Family Health Insurance Company

Health Insurance Policy Number

You are engaging in physically strenuous sporting activity that can result in physical contact and unintended injury. As the parent/guardian of a participant in the Capitalland Lacrosse Program, I agree to waive, discharge and covenant not to sue the Capitalland Lacrosse Club, Inc., their affiliated clubs, their respective administrator, participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the events, all of which are hereinafter referred to as "releases," from any and all LIABILITY to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Parent/ Legal Guardian Signature

Printed name of parent/legal guardian