

Sycamore Lacrosse Winter Academy

For Boys and Girls Grades K - 8

\$50 Per player if current Sycamore Student

\$60 district resident and non Sycamore Student

\$70 Lives outside the Sycamore School District

Sundays December 1, 8, 15 January 5, 12, 19

Registration is limited to the first 40 players at each time slot

This has 1 built in snow day If is is cancelled more than once a makeup date will be added

Times may be adjusted if numbers require it to be changed.

- 12pm-1pm-Girls K-4th grade and all beginners who have never played before
- 1pm-2pm-Girls 5th to 8th grade returning players
- 3pm-4pm-Boys K-4th grade and all Beginners
- 4pm-5pm-Boys 5th to 8th grade returning players

Drills will be taught at age appropriate levels

Equipment Needed:

- Girls-->Goggles, Mouthguard, and Stick
- Boys-->Helmet, Gloves, Elbow Pads, Stick, Beginners need Stick and Mouthguard only

Structure: High School players, coaches, and Alumni will introduce skills and concepts through age/skill appropriate drills, competitive situations and games.

This will be a basic introduction for all beginner and skill improvement for all experienced players.

Registration: Includes 6 hours of coaching. Register online through

\Questions: Girls - Eddie Clark - clarke@sycamoreschools.org

Boys - Brian Monk - bmonk9@gmail.com

REGISTRATION FORM

Player Name	
Player Grade	
Parent/Guardian Names	
Parent Cell (<i>in case of emergency</i>)	
Parent Email Address	
Players shirt size	
Number of years experience	
Players Gender	

Checks should be sent to the address listed below and made payable to
“Sycamore Athletic Boosters”

Send Check and form to:
Sycamore High School - Girls Lacrosse
7400 Cornell Rd.
Cincinnati, OH 45242

CAMP WAIVER

My child has permission to attend the Sycamore Lacrosse Winter Clinic. I know of no physical impairment that will affect or be affected by the clinic. I acknowledge that the clinic my child will participate in is a sport that will involve contact and he/she may risk injury. I specifically waive and release Sycamore Community Schools, its employees, and staff from liability for any claims for injuries which my child may sustain at the camp. I also authorize coaches of the clinic to act for me according to their best judgment in an emergency requiring medical attention.

Parent/Guardian Signature: _____

Date: _____