**HORSEHEADS VARSITY “H”**

**BOYS LACROSSE SUMMER CAMP**



**To Register:**

**Complete the registration form below.**

**Read the AUTHORIZATION FORM on the reverse side and sign it in the designated area, detach and MAIL ONLY THE REGISTRATION FORM to:**

**HORSEHEADS CENTRAL SCHOOL**

**ATHLETIC DEPARTMENT**

**ONE RAIDER LANE**

**HORSEHEADS, NY 14845**

**PLEASE BRING PAYMENT TO FIRST DAY OF CAMP**

**$85.00 MAKE CHECKS PAYABLE TO:**

**HORSEHEADS VARSITY “H” CLUB**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STATE\_\_\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GRADE FALL 2019\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SHIRT SIZE: YS YM YL**

**(circle one) AS AM AL AXL**



Horseheads athletic office

One Raider lane

horseheads, ny 14845

607-739-5601

**HORSEHEADS**

**VARSITY “H”**

**BOYS**

**LACROSSE**

**CAMP**





**July 22nd-25th**

**Grades 1st-10th**

**8:00-12:00**

**SPONSORED BY:** **HHS VARSITY “H”**

**GENERAL CAMP INFO**

***CAMP DATE*:**July 22nd-25th

***CAMP TIME:*** 8:00-12:00

***CAMP LOCATION*:** ALL CAMPERS will meet at the Pavilion at **THORNE STREET.** The camp will run on the Lacrosse Fields at **THORNE STREET.**

***EQUIPMENT REQUIRED:*** Stick, helmet, gloves, arm pads, cleats, & shorts. \*\*Equipment will be available if needed.

***AGE GROUP:*** Camp is open to any boy in public or private school entering grades 1-10 (2018-19 School Year).

***REGISTRATION FEE*: $85.00** This includes a camp T-shirt

**BRING CHECKS THE FIRST DAY OF CAMP PAYABLE to:** *Horseheads Varsity**“H”*

***INFORMATION:*** For more information, please contact

Coach Neubauer at [jneubauer@horseheadsdistrict.com](mailto:jneubauer@horseheadsdistrict.com).

**CAMP PHILOSOPHY**

This camp will teach the basic mechanics and fundamental skills for both offensive and defensive lacrosse positions. This camp will also demonstrate the strategies and techniques taught by present college and high school coaches. Campers will be grouped by position, size and abilities. This camp will benefit both experienced and inexperienced players.

**CAMP DIRECTOR: *Jason Neubauer:*** 20+ years of playing/coaching experience and collegiate coach at SUNY Oswego. Coach Neubauer is the Boys Varsity Lacrosse Coach, President of the Horseheads Youth Lacrosse Club Board, and Associate Director of Big Horn Lacrosse.

**CAMP ASSISTANTS:   
*Peter Cook:*** Coach Cook brings 30+ years of playing/coaching experience. Coach Cook is the Boys JV Lacrosse Coach at Horseheads High School and serves as a head coach for FCA.

***Lee Spencer:*** Coach Spencer brings 15+ years of coaching experience in a variety of sports. Coach Spencer is the Boys JV Lacrosse Coach at Horseheads High School.

## **AuthorizATION**

WE THE UNDERSIGNED PARENT OR GUARDIANS OF \_\_\_\_\_\_\_\_\_\_\_ A MINOR, DO HEREBY AUTHORIZE THE DIRECTORS OF THE HORSEHEADS VARSITY H SUMMER SPORTS CAMP PROGRAM, OR THEIR DESIGNEE, TO SELECT HOSPITAL FACILITIES AND/OR A PHYSICIAN OF THEIR CHOICE AND AUTHORIZE TREATMENT OF THE ABOVE NAMED CAMPER ON AN EMERGENCY BASIS IN THE EVENT THAT TREATMENT BECOMES NECESSARY DURING THIS SPORTS CAMP. WE HEREBY GRANT PERMISSION TO PARTICIPATE IN THE CAMP PROGRAM ANDACKNOWLEDGE THAT THE CAMPER NAMED IS PHYSICALLY FIT TO PARTICIPATE IN ALL CAMP ACTIVITIES. THE ATHLETE WILL OBEY ALL SCHOOL DISTRICT RULES AND REGULATIONS OR IS SUBJECT TO DISMISAL FROM THE PROGRAM AND BE SENT HOME IMMEDIATELY. THE SIGNATURE OF THE PARENT OR GUARDIAN ACKNOWLEDGES THEIR WILLINGNESS TO ENROLL THE CHILD IN THE HORSEHEADS VARSITY H SUMMER SPORTS CAMP PROGRAM UNDER THE CIRCUMSTANCES STATED ABOVE. THE SIGNATURE OF THE PARENT OR GUARDIAN RELIEVES THE HORSEHEADS VARSITY H CLUB, THE HORSEHEADS CENTRAL SCHOOL DISTRICT, AND THEIR DELEGATED REPRESENTATIVES FROM ANY AND ALL FINANCIAL RESPONSIBILITY. Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print

SIGNATURE (PARENT)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_