

2017 Mount Anthony Youth Girls Lacrosse Camp



July 17th-20th

Or

August 7th-10th

9am-2pm

\$125 per player

Open to girls in grades 3rd-8th

Middle Willow Park

Bennington, VT

Girls will learn offensive skills (shooting, dodging, draws, V-cuts and pick and rolls), defensive skills (slides, body positioning and clears) and small group tactics (man up/man down, fast breaks) in the morning, and participate in game play in the afternoon after lunch!

Camp fee includes reversible camp pinnie!!! (*if registered by the deadline date)

Limited spaces available!

Register by July 1st for Week #1!

Register by July 20th for Week #2!

For any questions, contact Chloe Griffin at cgriffin@bhpsnj.org

Coached by Chloe Griffin

Current Governor Livingston High School (NJ) Head Varsity and DEWLAX Elite Club Coach, previous member of Mount Anthony Varsity Lacrosse Coaching Staff
US Lacrosse Level 2, First Aid & CPR, Heat Illness and Prevention Certified

Assisted by 2016 Division 1 State Champion Mount Anthony Varsity Lacrosse Team Members!

2017 Mount Anthony Youth Girls Lacrosse Camp Registration Form

Player Name: _____

Grade: _____ Age: _____

US Lacrosse #: _____

Parent(s)/Guardian(s) Name(s): _____

Parent(s)/Guardian(s) Address(s): _____

Email: : _____

Home Phone #: _____

Cell Phone #: _____

Emergency Contact: _____

Emergency Contact Phone #: _____

Camp Week: _____ July 17th-20 _____ August 7th-10th

Camp Pinnie Size: _____ YM/YL _____ A SM/MD _____ A LG/XL

I give my consent to the above named person to participate in all of the activities of ***Chloe Griffin and the Mount Anthony Youth Girls Lacrosse Camp*** and accept full responsibility for participation. I assume all risks and hazards incidental to the conduct of the activities and do further release, absolve, indemnity, and hold harmless the organizers, coaches, referees, and supervisors of any organization related to this event. I also understand that ***Chloe Griffin and the Mount Anthony Youth Girls Lacrosse Camp*** strongly recommends the use of any and all US Lacrosse approved protective equipment. By not wearing this equipment I assume all risks associated.

In the case of injury to the above named person, I waive any and all claims of negligence against ***Chloe Griffin and the Mount Anthony Youth Girls Lacrosse Camp***, their associates and/or appointees, as well any person, party or organization associated with the event. I understand the risks associated with sports including, but not limited to, sprains, contusions, concussions, broken bones, and in extreme cases death and that the above named is participating at his/her own risk with full knowledge of the dangers associated.

I hereby consent to the use of my child's image for any and all purposes, including without limitation, video, still photographs, publications, and any trade or advertising purpose.

I HAVE READ THE TEXT ABOVE AND UNDERSTAND IT FULLY. I ASSUME ALL RISK OF INJURY.

Parent/Guardian Signature: _____ Date: _____

Please send this form and payment to:

Chloe Griffin
144 Union Avenue, Apartment G
Rutherford, NJ, 07070
Checks made out to: Chloe Griffin

**If you cannot send this form in by
the registration date, please email
cgriffin@bhpsnj.org to reserve
your daughter's spot!!!**