

# Southern Vermont Boys Youth Lacrosse Camp 2018



July 9<sup>th</sup>-12<sup>th</sup>  
(Friday the 13<sup>th</sup> make-up date)  
9am-12pm  
\$100 per player  
Open to boys in grades 3<sup>rd</sup>-9<sup>th</sup>  
Middle Willow Park  
Bennington, VT

## Included in the camp:

- Individual and team skills/ concepts/terminology
- New drills/games
- Individual evaluations
- Reversible jersey



Coached by Alex Cross, current Mount Anthony Union High School Varsity Lacrosse Coach. Other camp counselors include former and current college lacrosse players and coaches.

**\*\*\*\*Must be a current member of US Lacrosse\*\*\*\***

**Registration due by July 1, 2018**

\*For any questions, contact Alex Cross at [alexecross32@gmail.com](mailto:alexecross32@gmail.com) or call/text-- 802-688-5568

[Southern Vermont Boys Youth Lacrosse Camp Participant Waiver](#)

Participants Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

US Lacrosse Member ID #: \_\_\_\_\_

**PLEASE READ THE FOLLOWING AND SIGN BELOW:**

I give my consent to the above named person to participate in all of the activities of ***Alex Cross and the Southern Vermont Boys Youth 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 ***Alex Cross and the Southern Vermont Boys Youth 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 ***Alex Cross and the Southern Vermont Boys Youth 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 understand that **NO REFUND** of fee will be given in the case of dismissal for disciplinary reasons. I also understand that **NO DRUGS OR ALCOHOL** may be brought onto or consumed on the premises at which the event is taking place.

***Alex Cross and the Southern Vermont Boys Youth Lacrosse Camp*** and any associated with this event reserve the right to suspend or expel any participant who violates any rules stated or implied, or whose behavior or style of play is considered unsportsmanlike, uncontrollable, or a risk to other players.

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

**I HAVE READ THE ABOVE PARAGRAPH AND UNDERSTAND IT FULLY. I ASSUME ALL RISK OF INJURY. THIS RELEASE IS SIGNED AS MY OWN FREE ACT AND DEED.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Southern Vermont Boys Youth Lacrosse Camp Registration Form

July 9<sup>th</sup> -12<sup>th</sup> 9am-12pm  
Willow Park, Bennington Vermont

Participants Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

US Lacrosse Member #: \_\_\_\_\_

Email: \_\_\_\_\_

Position: \_\_\_\_\_

Reversible Jersey Size (please circle one): Youth –M, L or Adult – M, L, XL

Equipment/Pads needed (please circle one): Yes or No

If yes, what equipment/pads (please list): \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Address 1 (*if different from above*): \_\_\_\_\_

Address 2: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please send payment, registration, and waiver form by **July 1, 2018** to:

Alex Cross  
217 Buck Hill Road  
Shaftsbury, VT 05262

**\*Make checks payable to *Alex Cross* (\$100)**