

## 2010 Lady Hoya Lacrosse Camp

Monday, July 12<sup>th</sup>-Thursday, July 15<sup>th</sup>  
6:00 p.m.-8:15 p.m.

At Harrison High School Turf Field

Beginning Players-Experienced Players, Grades 3<sup>rd</sup> -Rising 9<sup>th</sup>

**\$100 per player**

*(Checks made payable to Harrison Lacrosse Booster Club)*



### **Harrison High School Lady Hoya Lacrosse**

**'08, '07, '06, '05 Area Champions**

**'10, '09 Area Runner-Up**

**State Tournament Appearances**

**'05, '06 State Semi-Finalist**

**'07 State Quarter-Finalist**

The Lady Hoya Lacrosse Camp is designed to meet the needs of all athletes, whether it is a player wishing to give lacrosse a shot for the first time, or a more experienced player wishing to build upon skills they already possess. Campers will be divided based upon their age and/or skill level. Drills to address stick-work, catching, throwing, shooting, attack moves, dodges, cutting, individual and team defense, and transition work, are among the skills that will be taught.

Head Women's Lacrosse Coach Melissa Wilson  
4 years as Lacrosse Coach at Harrison High  
U.S. Lacrosse Level 1 Certification

Katie Molnar  
2 years as Assistant Lacrosse Coach at Harrison High  
Current Player: Kennesaw State University, Defense

Shelly Wolff  
1 year as Assistant Lacrosse Coach at Harrison High  
Current Player: Kennesaw State University, Attack

**\*\*Past and present members of the Lady Hoya Lacrosse Team will also assist.**

Please feel free to contact Head Coach Melissa Wilson at [Melissa.wilson@cobbk12.org](mailto:Melissa.wilson@cobbk12.org) should you have any specific questions regarding the camp. Should you desire for your child to attend, and they do not meet the above grade classifications, please contact Coach Wilson for consideration as exceptions may be made.

-----Please detach and return with payment-----

Player Name: \_\_\_\_\_

Grade in 2010-2011: \_\_\_\_\_ Experience Level: \_\_\_\_\_

T-shirt Size (circle): YS YM YL AS AM AL AXL

Parent E-mail Address: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Emergency Phone: \_\_\_\_\_

Existing Medical Conditions/Injuries: \_\_\_\_\_

**PARENTAL CONSENT FOR ATHLETIC PARTICIPATION:**

By its nature, participation in athletics includes a risk or injury which may range in severity from minor to long term catastrophic injury. It is not possible to eliminate this risk. Participants have the responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems to coaches or camp supervisors, follow a proper conditioning program and inspect their equipment daily. By signing this permission form, you acknowledge that you have read and understand this warning. Parents/guardians or students who do not wish to accept the risks described in this warning should not sign this permission form.

In addition, should I be unavailable at the time of injury, I authorize the Harrison Girls Lacrosse Camp Staff to take all immediate action needed to eliminate/reduce the risk of injury. The camp staff may perform first aid, CPR, or contact emergency personnel should the need arise.

I agree to fully waive any and all claims of whatever nature, fully and finally, now and forever, for my child/ward, for myself, my estate, my heirs, my administrators, my executors, my assignees, my agents, my successors, and for all members of my family, and to indemnify, release, defend, exonerate, discharge and hold harmless the Harrison Girls Lacrosse Camp Staff, the Harrison Lacrosse Booster Club, Cobb County School District, their schools, their trustees, officers, Board members, Board of Education, employees, agents, coaches, athletic trainers, physicians, and any other practitioner of the healing arts (an "Indemnified Party") from any and all liability, personal or property damages, claims, causes of action or demands brought against the Cobb County School District or indemnified party arising out of any injuries to my child/ward or to his or her property or losses of any kind which may result from or in connection with his or her participation in any camp activity.

My signature below attests that I have read, understand and concur with the information on this form, and that I give consent for my child to participate in the Harrison High Girls Lacrosse Camp as stated above.

\*Signature(s) of Parent(s) or Guardian(s) Date

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**Please return payment and form to:  
Harrison Lacrosse Booster Club  
P.O. Box 801191  
Acworth, GA 30101**