

Centennial Knights 2010 Lacrosse Camp



Centennial High School Lacrosse Camp
Open to all boys ages 12 and under



- **May 24th - 27th; 11am - 3pm Mon - Wed., 9am - 1pm Thurs.**
- **\$150.00 for the week. Checks payable to CHS Booster Club**
- **All participants will receive a t-shirt provided registration is received by May 19thrd.**
- Players will be divided by skill level.
- Camp will be held on the Centennial High School stadium field.
- Players need to bring a lunch and water bottle daily.
- Camp will be led by CHS Head Lacrosse Coach and DII and DIII collegiate players.

Skills covered at the camp include stick working (passing, catching, cradling, ground balls), shooting (accuracy and speed), speed and agility drills, teamwork, offensive drills, and defensive drills. Full gear is required. A limited number of shoulder pads and helmets will be available for use during camp.

Registration forms and checks should be mailed to:
Kaye Trockenbrot
2830 Laurel Green Court
Roswell, GA 30076
Attn: CHS LAX Camp

For more information, contact Kaye Trockenbrot at
kayetrockenbrot@comcast.net

Registration and waiver forms can be downloaded at
<http://www.chslacrosse.com>

Centennial Knights 2010 Lacrosse Camp

Name _____

Street Address _____

City _____ Zip _____

Home Phone _____ Parent Cell _____

Parent/Guardian _____

Parent Email _____

School _____ Grade _____ Age _____

Circle T-Shirt Size: Youth Small Youth Med. Youth Large Adult Small

Parental Permission and Camp Waiver/Release

By participating in the CHS Lacrosse Camp, I will be waiving and releasing all claims for injuries that my son may sustain in this camp. I recognize and acknowledge that there are certain risks of injury, damages, or loss, which may occur, in any and all activities connected with or associated with this camp. I do fully release and discharge the Centennial Knights Lacrosse Club, its coaches and supervisors from any and all claims resulting from injury, damages and losses sustained by my son and the activities of the program. I have read and fully understand the above program details, waiver and release all claims.

I hereby state that my son is physically fit and may participate in all activities. I also grant permission to have my child treated by a physician if necessary.

Parent/Guardian _____ please print

Signature _____ Date _____