

Centennial Knights 2009 Lacrosse Camp



Centennial High School Lacrosse Camp
Open to all rising 3rd through 9th Grade Boys



- **June 8th -11th from 11am to 4pm M,T,W and 9am-2pm 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 23rd.**
- **Players will be divided by skill level.**
- **Camp will be held on the Centennial High School athletic field.**
- **Players need to bring a lunch and water bottle daily.**

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>



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Name _____
Street Address _____
City _____ Zip _____
Home Phone _____ Parent Cell _____
Parent/Guardian _____
Parent Email _____
School _____ Grade _____ Age _____

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

My son will attend camp June 8-11 _____

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 or daughter 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 _____