

# Putnam Valley Boys Lacrosse Camp

Date: July 7<sup>th</sup> – July 11<sup>th</sup>

Time: 9AM to 2PM

Fee: \$135 per camper, \$115 for additional family member

Location: Putnam Valley High School (Turf and Grass fields)

Open for boys in grades 2<sup>nd</sup> and up

Camp Sessions will be under the direction of Putnam Valley Lacrosse Staff:

- Bob Baker (All-American, Hartwick, '97)
- Vin DeGregorio (All-American, Hartwick, '00)
- Brian Kuczma (All-American, Hopkins '97 , member of Philadelphia Barrage, MLL)
  - *Staff will also include present and former collegiate All- Americans as well as players from the MLL.*



*Putnam Valley lacrosse camp is for players of all abilities. Campers will be grouped by ability level and instruction will be directed towards skill level. Fundamental instruction will be emphasized to all beginners, while advanced players will receive instruction on philosophy and strategy. All campers will participate in games and game-like situations throughout the week.*

ALL CAMPERS WILL BE REQUIRED TO BRING THEIR OWN STICKS AND EQUIPMENT (HELMET, GLOVES, ARM PADS, SHOULDER PADS AND MOUTHPIECE). CAMPERS WILL ALSO BE ELIGIBLE TO WIN NUMEROUS PRIZES DURING THE SESSIONS. IF THERE ARE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT COACH BAKER ([BBAKER@PVCSD.ORG](mailto:BBAKER@PVCSD.ORG)) OR COACH DEGREGORIO ( [VDEGREGORIO@PVCSD.ORG](mailto:VDEGREGORIO@PVCSD.ORG)) AT PVHS.

# Putnam Valley Boys Lacrosse Camp Registration Form

Please bring check/money order and completed registration form to Mr. Baker or Mr. DeGregorio at PVHS by **Friday, June 27**. Make checks payable to Putnam Valley Central School District, **write LACROSSE CAMP in the memo section of your check**. If checks need to be mailed, please mail to Putnam Valley High School, 146 Peekskill Hollow Rd. Putnam Valley NY, 10579. ATTN: Bob Baker or Vin DeGregorio

Name: \_\_\_\_\_ Grade (as of 9/08): \_\_\_\_\_ Position \_\_\_\_\_

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

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

Emergency Contact : \_\_\_\_\_ Phone # \_\_\_\_\_

Pediatrician Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Are there any medical conditions we should be aware of? \_\_\_\_\_

I give permission for my child, \_\_\_\_\_ to be treated for any medical emergency and be transported to the hospital if necessary. I understand that such physical activity involves the potential for injury. I acknowledge that even with the best coaching, supervision and observance of rules, injuries are still a possibility.

I also acknowledge that my child, \_\_\_\_\_ is in good health and does not have any health related restraints that would not allow him/her to participate in such physical activity.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Any special information regarding your child's health, please list below (allergies, asthma, etc.)

\_\_\_\_\_  
Pediatrician/Doctor Name and Phone

\_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_