



PV Girls Lacrosse Camp



Want to learn a fast, exciting sport this summer? Or have you already “caught the bug” and are looking to improve your skills? Come to the PV Girls Lacrosse Camp and see why girls who pick up a lacrosse stick never seem to put them down!

Overview: The PV Girls Lacrosse Camp is for players of all abilities. Campers will be grouped according to their ability and physical maturity. Basic skills will be taught to beginners while advanced skills and game strategy will be emphasized to experienced players. All campers will participate in game-like situations throughout the week.

Date: August 4th – 8th 2008

Location: PVHS turf field

Times: 9:00 am – 2:00 pm
(Drop off starts at 8:45, Pickup no later than 2:15 pm)

Grades: Entering 3rd grade to entering 11th grade

Cost: \$135 per camper, \$115 for second child

Equipment: Lacrosse stick, molded mouth guard, sneakers, water bottle, sunscreen (eye protection will be provided)

*Please fill out and return the attached form with payment ASAP! Registration and payment are due by June 21st. Make checks or money orders payable to **Putnam Valley Central School District** and write “Girls Lacrosse Camp” in the memo section of your check. Mail check/money order and registration form to Putnam Valley High School, Attention: Katie Odell, 146 Peekskill Hollow Road, Putnam Valley NY 10579.*



Questions? Contact the camp director Katie Odell by email at kodell1@mac.com



Putnam Valley Girls Lacrosse Camp Registration Form



*Please mail this form in with your payment. Xerox copies of Registration Form are accepted.
Please use a separate registration form for each child you are registering.*

Player's Name: _____

Home Address: _____

School: _____

Grade/Age: _____/_____ Position: (Please Circle) Offense Defense Goalie

Parent(s) Name: _____

Home Phone: _____ Cell: _____

Emergency Contact: _____

Phone Number: _____ Cell: _____

Pediatrician: _____

Phone Number: _____

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 her to participate in such physical activity. I also understand that I have to either pick up my child or arrange to have transportation for my child at 2:00 pm each day.

Parent Signature

Date

Any special information we need regarding your child's health, please list here (allergies, etc.)

T-Shirt Size Information (Youth or Adult)

Please circle the size of the t-shirt you would like your child to receive:

YXS YS YM YL AS AM AL AXL