



2011 Medina Bees All-Star Lacrosse Camp

Monday, June 20th – Thursday, June 23rd

- **When:** June 20 – June 23, 2011
- **Times:** 10 am-1:00 pm
- **Where:** Rec. Center Fields
- **Grades:** Entering 4th thru 9th
- **Cost:** \$80* *Checks made payable to Medina Athletic Dept.
- **Includes:** Jersey, Water Bottles, Balls & More!

Head Varsity Coach Pat O'Brien, his Coaching Staff, Former Players and players from the 2011 Medina Lacrosse team will be conducting a **fun** and **competitive** camp designed to improve individual skills and understanding of the game of Lacrosse.

Camp Information and Highlights

- Learn the skills that it takes to play at the High School Level.
- Designed specifically for **boys entering grades 4th through 9th in fall of 2011**
- The **3 hour day** will include **1 ½ hours of instruction** and **1 ½ hours of play**.
- Skill contests with prizes on Thursday! (Rain Day...Friday)
- All players **must** have helmet, gloves, shoulder pads, arm guards, mouth guard and protective cup to participate. Cleats are recommended.
- **Players new to the game can contact Coach O'Brien to make arrangements for equipment.**

For further information, please contact **Coach O'Brien** at (H) 330-722-4465
(C) 330-421-0469 pobrien@zoominternet.net

Forms Available at the MHS Athletic Department & Online @
www.mhslacrosse & www.medinalacrosse.com

MEDINA LACROSSE...THE FASTEST GAME ON TWO FEET!

Player Information

Name (Print) _____ Age _____ Grade Entering _____

Address _____ City _____ State & Zip _____

Player's Email _____ Parent's Email (1) _____

Parent's Email (2) _____

Home Phone _____ School Attending in Fall 2011 _____

Position _____ # Years of Playing Lacrosse _____

Emergency Contact Information

Mother's Name _____

Daytime Phone _____

Cell Phone _____

Father's Name _____

Daytime Phone _____

Cell Phone _____

Name of relative, friend, or childcare provider to be notified if unable to reach parent:

Name _____

Relationship _____

Address _____

Daytime Phone _____

Cell Phone or Pager _____

I, _____ the parent of _____, a voluntary participant in this program sponsored by Medina Lacrosse, am aware that there are certain risks of injury involved. Bearing this in mind, and with full knowledge of physical capabilities or limitations of my child, I hereby agree to assume for my child such risk of injury. I further agree to indemnify and hold harmless Medina Lacrosse, Medina City School Board of Education and its employees and representatives against any claim for injury to persons or property, which may result from my child's participation in this activity. Finally, I agree my child shall abide by the rules and supervision of Medina Lacrosse.

Sign and Date

**Please mail this form and registration fee by June 1st to: Medina Athletic Department
777 E. Union St
Medina, Oh. 44256**

Registrations after June 4th and walkup registration will be accepted... **Cost will be \$85**