



Hi,

Please take a moment to read the enclosed documents relating to the summer lacrosse clinic at The Governor's Academy. On behalf of the staff, we are really looking forward to working with your child to make him/her a better player and to reinforce their enthusiasm for this great game. Lacrosse is the fastest growing high school sport in the nation and for good reason – it's so much fun!

While we will be playing games, we will also be doing quite a bit of drill work to reinforce and teach both individual skills and team concepts.

Safety is of course, a primary concern to us. The scrimmage and game situations at camp are “controlled” and we emphasize to players that they are here to learn and to help each other first. Hopefully, they will meet some new friends. We have more than 25 different schools represented, and have players coming from as far away as Illinois and Virginia.

Please have your pediatrician's office fill out the enclosed health record form – or have them give you its equivalent – you must fill out Part I – your child's physician can fill out Part II or attach the equivalent. We will need that and the waiver and release of liability form returned to us prior to your son/daughter participating. It would be greatly appreciated if you could mail these back to us before July 1. It will certainly make registration go smoother and help us get the kids on the field right away.

In terms of pick-up each day – boys will be picked up in the lower part of the parking lot adjacent to our “lower” fields. Entry to this lot is on the left, before the fieldhouse and in front of the rink. Girls will be picked up behind the fieldhouse as they will be using our “upper” fields.

One last note: It would be great if you could encourage your son or daughter to play some catch and make sure all their gear is in order a few days prior to coming to the clinic. That will ensure that we make the best use of our 4 days together.

Thanks,

Peter Bidstrup

Summer Lacrosse Clinic at The Governor's Academy

Important Information

What to bring to the Lacrosse Clinic:

- All required equipment
Boys: Stick, Helmet, Gloves, Arm Pads, Shoulder Pads, Mouthguard.
Girls: Stick, Goggles, Mouthguard.
- Cleats (Sneakers are OK but cleats will work better)
- Water bottle with name on it – We will provide cold water at the fields
- Flip flops or sneakers to enter dining hall. (We provide lunch)
- For boys: Please place a piece of athletic or masking tape above your son's helmet visor with his first name on it in magic marker – So we can call him by his first name - . We will have name tags for the girls.
- Bug spray and sunblock is also a good idea. The mosquitos are usually OK, though, during the day when we are playing.

Players should not need any additional food or snacks. After our morning session, they will walk as a group to our campus dining hall and have lunch.

Registration on Monday will be in front of our fieldhouse. Enter campus and drive straight about 400 yards. The fieldhouse is a large brick building on the right. Parking is either on your left before you get to the fieldhouse – in front of the rink, or, just past the fieldhouse on the side and in back.

Registration will begin at 8:30 AM Monday July 18. Thereafter, drop off is at 9:15, pick up is at 3:15. Pick up/drop off area for boys is at the end of the rink parking lot on left (west) (where rink is) – follow rink lot all the way down towards fields. Pick up/drop off area for girls is behind fieldhouse on right (east) enter north driveway, go behind fieldhouse, exit south driveway.

In the event that there is a thunderstorm during drop off/pick up time – we will be in the fieldhouse until it is safe to go outside.

Health Information:

- We will have a full time athletic trainer at each set of fields.
- All foods in our dining hall are well marked. If your son/daughter has a peanut allergy, or any other concerns, please note that on the health form.

We must have the “health record for day clinics” form received prior to your son or daughter participating.

HEALTH RECORD FOR DAY CAMPS
 IN ACCORDANCE WITH THE PROVISIONS OF 105 CMR 430,000 MINIMUM

SANITATION AND SAFETY STANDARDS FOR RECREATIONAL CAMPS FOR CHILDREN, SANITARY CODE CHAPTER IV

DAY CLINIC NAME: **Governor’s Academy Summer Lacrosse Clinic July 18-21 2011**

Part I: This part must be completed and signed!

Participant’s Name: _____

Parent or Guardian Authorization:

If I cannot be reached in an emergency, I hereby give permission to the Health Care Consultant or organization selected by the Camp Director to hospitalize, secure proper treatment for, order injections, dispense those prescription medications listed below or authorize local or general anesthesia for surgery for the person named above.

Authorized Prescription Medications(s)

Allergies, Health Conditions or Impairments

Signature of Parent or Guardian

Date Signed

Typed or Printed Name: _____

Part II (Copies of like data may be attached)

Certificate of Immunization

Immunizations Dates Administered

Measles, mumps & Rubella (MMR) Vaccine (1 MMR, 1 additional measles)				
Polio (3 doses)				
Diphtheria/Tetanus/Pertussis (4 doses)				
Hepatitis B (3 doses)				

Signature of Physician or Physician’s Designee

Date Signed

Typed or Printed Name: _____



CLINIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in, and utilizing the facilities of the Clinic sponsored by Top Shelf Lacrosse and related to events, activities and facilities of The Governor’s Academy, I understand, agree and acknowledge and accept that my child is doing so at his/her own risk and I voluntarily assure full responsibility for any injury or accident that may occur to him/her on or about the Top Shelf or Governor’s Academy premises. I hereby fully release and discharge Top Shelf and Governor’s Academy and all associated affiliates, its owners, employees agents and assigns from any and all claims, demands, actions or causes of actions present or future whether the same be known, anticipated or unanticipated, resulting from, arising out of or incident from my child’s actions, use or intended use of the Top Shelf or Governor’s Academy services, facilities or equipment.

1. I understand that if my child does not follow the rules of the clinic that he will be required to leave.
2. The risk of injury from the activities involved in the program of The Clinic is significant, including the potential for serious bodily injury and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist and,
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of The Company, it’s officers, shareholders, directors, officials, agents, coaches and/or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises used to conduct the clinic (the “Releasees”) and I assume full responsibility for my child’s participation and,
4. Willingly agree that my child will comply with the stated and customary terms and conditions for participation. If, however, I or my child observe any unusual significant hazard during my or his presence or participation, he will remove himself from participation and bring such to the attention of the nearest staff/official immediately, and
5. I, for my child and for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE RELEASEES WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss, or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE UNLESS CAUSED BY THE WILLFUL, WANTON AND INTENTIONAL CONDUCT OF THE RELEASEES.

I HAVE READ THE RELEASE OF LIABILITY AND ASSUPMTION OF RISK AGREEMENT. FULLY UNDERSTAND AND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her foregoing Waiver and Release of all Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to the participant’s involvement or participation in the Clinic as provided above.

Participant Name: _____ Age: _____

X (parent/guardian signature) _____

Date signed: _____