

Paul VI Boys Lacrosse

Instructional Team and Position Camps



Paul VI Boys Lacrosse team will be holding summer camps for all Middle School and High School lacrosse players. These camps are designed to further the player's knowledge and understanding of all aspects of team lacrosse, as well as improve their individual skills. Drills are designed to teach each player individual techniques that can be utilized to improve their skills throughout the year.

Instructed By:

Vic Goeller

Head Coach Paul VI High School

3x SMAC Coach of the Year

2x US Lacrosse Coach of the Year

2002 US Lacrosse Man of the Year

2004 Washington Post All Extra Coach of the Year

Dates, Times, and Cost:

The prices below are for those who register before June 1, 2009; there will be a \$25 late registration fee for those who register after the June 1st due date.

High School Clinic : \$195 : 6/29/09 - 7/02/09 : 9 AM - 4 PM (12-1 Lunch)

Middle School Clinic : \$195 : 7/13/09 - 7/16/09 : 9 AM - 4 PM (12-1 Lunch)

Goalie Clinic : \$100 : 6/29/09 - 7/02/09 : 5 PM - 7 PM

(Goalies can attend both position and team clinics)

All camp participants will receive a free camp T-shirt.

Location:

10675 Fairfax Blvd.

Fairfax, VA 22030

Track Field

For more information please contact:

Coach Vic Goeller

443-404-8260

PaulVILacrosse@aol.com

Paul VI Boys Lacrosse Camp

Camper's Name: _____ Yrs Experience: _____ Date of Birth: _____

Lacrosse Position: _____ Current Team: _____ Grade Entering: _____

Email: _____ Telephone: () _____

CAMPS ATTENDING (Check appropriate box (es))

- High School - \$195 - 6/29/09 - 7/02/09 - 9AM-4PM (12PM-1PM Lunch)
 - Middle School - \$195 - 7/13/09 - 7/16/09 - 9AM-4PM (12PM-1PM Lunch)
 - Goalie Clinic - \$100 - 6/29/09 - 7/02/09 - 5PM-7PM (open for all levels)
- Shirt Size - small medium large x-large xx-large

*Please return this form before June 1, 2009
with a \$50 non-refundable deposit with the balance due on the first day of camp.*

Mail to:

Vic Goeller, Paul VI Lacrosse, 8407 Sailboat Lane, Lusby, MD. 20657.

Make Checks Payable To: "Paul VI Lacrosse"

PARENTAL STATEMENT:

I hereby verify that my child is physically fit to play the contact sport of Lacrosse. In addition, I authorize any emergency treatment deemed necessary for my child to be administered by the provided medical staff and agree not to hold the medical staff, Paul VI High School, the coaches, or the camp staff liable for any injuries.

Parent Signature: _____ Date _____

MEDICAL CONSENT FORM

Camper's Name _____ Birthdate _____

If an emergency arises, list two people who can be notified:

Name _____ Name _____

Relationship _____ Relationship _____

Phone: Home () _____ Phone: Home () _____

Phone: Cell () _____ Phone: Cell () _____

Does the applicant have any known allergies to food or medication?

Yes No

If yes, please list the foods and/or drugs:

Does the applicant have any ongoing disease, physical disability or recurring illness that may affect or impair participation in the Paul VI Boys lacrosse camp?

Yes No

If yes, please attach a physician's note describing the disability and specific limitation for participation.

Is the applicant covered by medical insurance?

Yes No

If yes, please list the following:

Name of Insurance Company: _____ Policy # _____

Address _____ Phone () _____