

PLAY GREAT LACROSSE

SHOOTING SKILLS CAMPS @ WASHINGTON & LEE UNIVERSITY

ONE DAY INTENSIVE SHOOTING SKILLS CLINIC
TAUGHT EXCLUSIVELY BY COACH MCCABE!

THE PERFECT CAMP FOR GUYS WHO WANT TO GET BETTER

SHOOTING SKILLS ACADEMY

ONE DAY INTENSIVE CAMPS

SESSION I: SATURDAY, NOVEMBER 28TH

SESSION II: SATURDAY, DECEMBER 19TH

AT WASHINGTON AND LEE UNIVERSITY, LEXINGTON, VA

COST: \$100 AND INCLUDES LUNCH

ENROLLMENT LIMITED TO THE FIRST

TEN REGISTRANTS PER SESSION ONLY



GENE MCCABE

HEAD MEN'S LACROSSE COACH AT W&L
AND CAMP OWNER / DIRECTOR

2003 DIVISION III NATIONAL COACH OF THE YEAR
2003, 2006 AND 2009 CONFERENCE COACH OF THE YEAR

Camp Description

This unique, limited enrollment camp offers advanced instruction in the fundamentals of shooting and scoring. Instruction focuses on the following skills: proper shooting mechanics; shooting on the run; catching and finishing inside; perimeter shooting; setting up your shot; shot placement & accuracy. We will also teach strategies and mental approaches to shooting against goalies. This is a great way to get ready for your upcoming season!

Schedule:

9:30	AM	Registration (Rain or Shine – we have indoor option if needed)
10:00	AM	Session I
12:00	PM	Lunch (provided)
1:00	PM	Session II
3:00	PM	Intensive Video Session in heated state of the art video room (snack and drink provided)
4:00	PM	Session III
6:00	PM	Done

REGISTRATION AND WAIVER FORM ATTACHED
CASH OR CHECK ONLY

MORE INFORMATION AT WWW.PLAYGREATLAX.COM



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Check box to choose your camp session

NOVEMBER 28 DECEMBER 19

Date of Birth: _____ / _____ / _____ Grade: _____ Age : _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Preferred E-mail: _____

School: _____

Position: (Circle All That Apply) Attack Midfield

ENCLOSED:

- ___ Signed Waiver
- ___ \$100 registration fee
- ___ Copy of Insurance Card (front and back)

*Please make checks payable to **PLAY GREAT LACROSSE**

In case of Emergency, Notify: _____

Phone: _____ Parent Email : _____

Parent Cell Phone Number (s): _____

**Return completed application to: Play Great Lacrosse L.L.C.
106 Liberty Hall Road
Lexington, VA 24450**

Parent's/Guardian's Assumption of Risk /Acknowledgment

I verify that my child has been checked by a licensed physician and is physically able to participate in Play Great Lacrosse Camps. My child may participate in all activities. I give my permission for my child to be treated by a qualified athletic trainer, certified nurse practitioner, or licensed physician. I further agree that the **Play Great Lacrosse LLC** Camp staff shall be held harmless from and indemnified against any and all liability, cost, claims, loss or damage which it may incur as a result of any accident or injury to my child. In addition, I understand that attendance at a lacrosse camp carries certain risks of injury and I assume all risks resulting from participation in this camp. I understand that the camp is not operated or controlled by Washington and Lee University and will hold harmless Washington and Lee University, its Trustees, officers, employees, agents, and any and all affiliated departments from any and all liability, causes of action, claims, and demands of every kind of nature whatsoever which may arise in connection with or resulting from participation in any of the camp activities.

PARENT/ GUARDIAN NAME (PRINT)

SIGNATURE

DATE