

# LAX IMPACT

# GIRLS LACROSSE DAY CAMP



Mount Olive High School Turf Field

July 27-29, 2009 3pm-6pm

Girls 5<sup>th</sup> - 12<sup>th</sup> grade in 2009-2010 school year  
All levels of experience are welcome

Welcome to Lax Impact, a company committed to the growth and development of the fastest game on two feet! This 3-day camp provides an introduction for the newest players in lacrosse, while enhancing the skills of the more seasoned players. Camp Director Vivianne Thomas (Assistant Coach at Drew University) and her staff will be focusing on: proper stickwork, rules, positions, offensive & defensive skills, and game strategies.

All players are required to bring a women's lacrosse stick, mouthguard, goggles, water bottle and appropriate athletic wear.

\$110 per player

MAIL ALL REGISTRATION FORMS AND PAYMENT TO:

Vivianne Thomas  
Lax Impact  
1 Gerhardt Road, Suite 8  
Lake Hopatcong, NJ 07849

**Checks made out to Vivianne Thomas and are due July 15<sup>th</sup>!!!!**  
**Questions? 973.714.9883 or vivianne\_20@hotmail.com**

PLEASE COMPLETE THE FOLLOWING:

Name: \_\_\_\_\_ Years Experience (circle one): 0 1 2 3+  
School: \_\_\_\_\_ Player's Cell: \_\_\_\_\_  
Parent Name & Cell: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Grade in Fall '09: \_\_\_\_\_ Email: \_\_\_\_\_ Goalie? \_\_\_\_\_

#### WAIVER AND RELEASE OF LIABILITY:

I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in the Lax Impact Girls Lacrosse Camp. I further agree on behalf of myself, my heirs, and personal representatives, that US Lacrosse, the host organization, and sponsors of any US Lacrosse sanctioned event, along with the coaches, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event, or as a result of equipment that may have been provided to me for these activities.

Participant's signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_



**P.I.G.S.**  
**Positively Impacting Girls Sports**