

## Roswell High School 2012 Lacrosse Camp

The Roswell High School Lacrosse Program would like to invite your daughter to participate in our summer camp. During camp, your child will have the opportunity to learn from an experienced coaching staff. We will be teaching the basic fundamentals and rules of lacrosse. This year Roswell has joined forces with the Blessed Trinity Girls Lacrosse Program to offer a fantastic camp experience.

Sue Scheer  
Head Girls Lacrosse Coach – Roswell High School

Liz McFarland  
Head Girls Lacrosse Coach – Blessed Trinity High School

### INFORMATION

Date: June 11-15, 2012

Where: Blessed Trinity High School

Time: Mon.-Fri. 9:00-12:00

Cost: \$150.00 per participant

Ages: Girls entering grades 2-9

Contact: Sue Scheer

rhs.glax@ gmail.com



### CAMP SCHEDULE

9:00 - 9:10 Welcome/Instructions  
9:10 - 9:15 Jog  
9:15 - 9:25 Stretch  
9:30 - 9:45 Station - catching/shooting  
9:50 - 10:05 Station - cradling/scooping  
10:10 - 10:25 Station - Offense  
10:30 - 10:45 Station - Defense  
10:50 - 11:05 Station - skill games  
11:15 - 12:00 – Games

### WHAT TO BRING

Each camper should bring/wear the following to camp:

- Stick
- Cleats / tennis shoes
- T-Shirt
- Shorts
- Water Bottle
- Mouth Guard
- Girls need goggles

### STAFF

- **Sue Scheer** – Head Roswell Coach
- **Liz McFarland** - Head BT Coach
- **Varsity Players**

### APPLICATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Age \_\_\_\_\_  
Grade Entering \_\_\_\_\_  
School Next Year \_\_\_\_\_  
Parents Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

T-shirt Size (Youth) S M L (Adult) S M L XL  
Enclosed is: \_\_\_\_\_ payment in full (\$150.00)

### RELEASE AND WAIVER OF LIABILITY

PLEASE READ CAREFULLY AND SIGN  
THE FOLLOWING STATEMENT:

*I hereby authorize the Roswell Lacrosse Camp to act for me in the event of a serious emergency (requiring medical attention), and I hereby waive and release the Roswell Camp and its directors from any and all liability for injuries and illness incurred while attending camp. In addition, I certify that my child is in good health and is able to participate in all program activities. Furthermore, in the event of any emergency requiring medical attention, I shall pay for the services rendered. I understand my child may be photographed at camp.*

\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent/Guardian (ink only)      Date

**Make checks payable to: Roswell HS Lacrosse**

**Return application and fee to:**

**Coach Sue Scheer**

**Roswell High School**

**11595 King Rd. • Roswell, GA. 30075**