

W.I.L.L.

WILL to learn **WILL to play** **WILL to win**

@ QUEENS UNIVERSITY of CHARLOTTE

Saturdays **October 31, November 7, 14, 21 December 5, 19 January 2, 9**

Youth (grades 2- 4) 9-10:30 AM Middle School (grades 5-8) 10:45-12:15 AM

High School: (grades 9-12) 12:30- 2:00 PM

TWO LEAGUES: BOYS and GIRLS ! COST \$175

Program Directors

Jim Fritz- Head Men’s Lacrosse Coach at Queens University of Charlotte

Dick Sipperly- Head Men’s Lacrosse Coach Charlotte Latin School

Julie Valbuena- Women’s Director for Jim Fritz Lacrosse, inc.

Required Equipment: Each boy should have a stick, helmet, gloves, shoulder pads, arm pads, mouthpiece, cleats and a cup. Each girl should have a stick, goggles, cleats and mouth piece. Bring your own water bottle. Water will be supplied on site.

Fields: Will be on the Queens University of Charlotte Campus.

Weather Conditions: The W.I.L.L. program will be conducted rain or shine. In case of lightening we will postpone the session.

Send Completed Application and Check (Payable to Queens University) to:

Jim Fritz Lacrosse 12204 Old Timber Rd Charlotte, NC 28269

Player’s Name: _____ Age: _____ Grade: _____

Phone: _____ Email: (Required) _____

Preferred Position: _____ Years Experience: _____ Gender _____

Mailing Address: _____

City _____ State: _____ Zip: _____

Team: _____

FOR THE PARENT TO COMPLETE: I certify that the applicant is in good health and may take part in full camp program. Following, if applicable, are any exceptions, along with a list of allergies or sensitivities to medication (especially penicillin). Attached is any other vital medical information.

By my signature below, I hereby authorize the camp physician to proceed with emergency medical treatment, x-rays, anesthesia, surgical operations, etc., in case of an accident or health emergency involving my son, with the understanding that the camp director will contact me or the designated person as soon as possible. **(Required by insurance and area hospitals)**. I acknowledge that my child is applying to this camp and give my approval to this application and to the provisions stated above.

Parent’s Signature _____ Date: _____

email: _____

Emergency Contact: _____ Phone: (____) _____ - _____

FOR MORE INFO OR TO SIGN UP ON LINE: GO TO WWW.JIMFRITZLACROSSE.COM