

W.I.L.L. Lacrosse

WILL to learn | WILL to play | WILL to win

Hosted @ QUEENS UNIVERSITY of CHARLOTTE (Main Campus)

Saturdays - October 22, 29, November 5, 12, 19 December 10, 17

(Rain date January 7 if needed)

BOYS CAMP -THREE SESSIONS: Youth (grades 2- 5 beginners) 9-10:30AM, **Middle School** (grades 6-8 intermediate) 10:45 AM-12:15 PM, **High School:** 12:30- 2:00 PM

This is an outstanding camp to develop skills and learn the game. Players will work on individual techniques, group tactics and progress into the full-field game.

GIRLS CAMP (grades 6 through 10) 10:45AM – 12:15PM. **This is an outstanding opportunity to improve and develop the skills needed to play on your spring team. All beginners to intermediate players welcome.**

COST \$180

Program Directors

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

Dick Sipperly- Head Boy's Lacrosse Coach Charlotte Latin School

Niki Hardy - Third Year as Women's Director for W.I.L.L

Required Equipment: 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 Main Campus

Weather Conditions: The W.I.L.L program will be conducted rain or shine. In case of lightening we will postpone the session. An email will be sent by 8am Saturday morning.

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: _____ School _____
Phone: _____ Email: (Required) _____
Preferred Position: _____ Years Experience: _____ Gender _____
Address: _____ City _____ State: _____ Zip: _____

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: _____ (please print clearly)

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

TO REGISTER ON LINE: GO TO WWW.JIMFRITZLACROSSE.COM