

# FOOTHILLS

## Lacrosse

### “LACROSSE 101” CAMP

JUNE 27, 28, 29

- **Camp is open to rising 6<sup>th</sup>-10<sup>th</sup> graders**
- Objective of this camp is to introduce the sport of lacrosse to new players AND to develop the skills of new and experienced players
- **The only required equipment is a lacrosse stick.** Helmets, gloves and shoulder pads are optional - but not required. This optional equipment will be available at the camp for use if needed.
- Tentative schedule:
  - Mon June 27<sup>th</sup> 9:00 am - Passing & Catching; Lacrosse Rules; Lacrosse positions
  - Tues June 28<sup>th</sup> 9:00 am - Passing & Catching; Shooting; Defensive techniques; Game situations
  - Wed June 29<sup>th</sup> 6:30 pm - Skills review; Campers scrimmage.  
Question/Answer session for parents  
*Camp will end on Monday and Tuesday at 11 am; Wednesday by 8:30 pm*
- The camp will be conducted by *West Stokes Coaching Staff, Triad Blackhawks Lacrosse Club Coaching Staff, Former and Current West Stokes Players*
- The camp will be held on the football field at **Chestnut Grove Middle School**

**Cost: \$40.00**

Includes reversible practice jersey, morning snack, camp t-shirt

*Make checks payable to Triad Blackhawks (memo- Stokes camp) -or- Register on line (see below)*

Email [colonmoore@gmail.com](mailto:colonmoore@gmail.com) to confirm attendance, or to receive registration/ payment link

For questions or registration information, contact:

Colon Moore  
Head Lacrosse Coach  
West Stokes High School  
(336) 403-3198 *call or text*  
[colonmoore@gmail.com](mailto:colonmoore@gmail.com) *email*

Foothills Lacrosse "Lacrosse 101" Camp  
Registration Form

Players Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (mobile) \_\_\_\_\_

Email: \_\_\_\_\_

Grade entering in Fall 2016 \_\_\_\_\_ School \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Circle one: Male / Female

T-shirt Size: S M L XL (circle one)

List any medical conditions that we need to be aware of: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

In consideration of participating in the Foothills Lacrosse "Lacrosse 101" Camp, the player named below and the parent or guardian do agree and understand the risk of participating in any athletic event and further agree to release and hold harmless Foothills Lacrosse, West Stokes High School, Stokes County Schools, and Triad Blackhawks and their officers, staff, administrators, volunteers, and sponsors in the event of an accident or injury resulting from the participation in this camp. By signing below, I acknowledge that I have read and understand this form.

Players Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Staff Use Only**    A    M    D    G    pd \_\_\_\_\_  
C/O/D 1 2 3 4 5    S/S 1 2 3 4 5    t-shirt \_\_\_\_\_  
SpD 1 2 3 4 5    pinnie # \_\_\_\_\_