Parents Consent:

“I give my consent for the registrant listed below to participate in all activities of the Kim Christos Lacrosse Camp, Inc. Further, I authorize the Director and the athletic trainer to act for me according to their best judgment in any emergency requiring medical attention.”

Registrants Name

Parent’s Signature  Date

In Emergency Call:

Waiver and Release:
We, the undersigned, for ourselves, our heirs, executors and administrators, waiver, release and forever discharge the Kim Christos Lacrosse Camp, Inc., its staff, officers, agents, representatives, employees, successors and assigns of and from and all right and claims for damages to persons or property which may be sustained or occur during participation in camp activities, or from camp, whether paid damages, injury or loss are due to negligence or not.

Father or guardian Signature

Mother or guardian Signature

Date

Please sign this form and enclose check before returning!

KIM CHRISTOS
LACROSSE CAMP
For Girls
2005

Drew University
36 Madison Avenue
Madison, NJ 07940

Women’s Lacrosse

Day Camps:
August 8-12
Full Day 9 am-3 pm
Half Day 9 am-12 pm

Elite Camps:
August 8-11  7-9 pm
Special Goalie Session 6-7 pm

Drew University
36 Madison Avenue
Madison, NJ 07940
Day Camp August 8th–August 12th
2nd grade-12th grade/ All Levels

Full Day: 9:00am–3:00pm
Half Day: 9:00am–12:00pm

Director:
“The Kim Christos Lacrosse Camp is a teaching camp for girls ages 7-18. The program focuses on individual stick skills, movement skills and strategies. Each session will include a game to provide campers with fundamental team concepts.”

Kim Christos
~Current Head Coach Drew University
~Head Coach College of William and Mary
~Assistant Coach Brown University
~Assistant Coach Boston College

Coaching Staff:
Coaching staff will consist of high school and college coaches and stellar Division I & Division III players both past and present. **Player to coach ratio is ten to one.**

Example of Day Camp Schedule:
9:00-9:15  Warm-up/ Stretch
9:15-9:45  Three 15 minute stations
9:45-10:30 Team Practice
10:30- 10:45 Snack/Water break
10:45- 11:15 Staff Demonstrations
11:00-11:15 Practice Demos
11:15-12:00 Full-field Game
12:00-12:45 Lunch Break
12:45-1:45  Instruction
1:45-3:00  Game Play

Attention Goalies:
Both the Day Camps and the Elite camps will feature knowledgeable goalie coaches and experienced players:

Elite Camp for High School Players
August 8th–11th  7:00-9:00pm

**Special Goalie Session from 6:00-7:00pm before elite camp for individual instruction

Director:
“The Kim Christos Elite Camp is for serious players who are interested in playing lacrosse in college. The camp will run like a college practice and will be held in Drew’s stadium on the turf under the lights. Campers will be instructed by and will play with top college players. Focus will be on the newest techniques and will include many challenging and competitive games.”

Coaching Staff:
Coaching staff will include college coaches and current college players from schools such as Drew, Princeton, William & Mary and Duke. **Player to coach ratio will be five to one.**

Elite Camp Information:
Enrollment will be handled on a first come first serve basis and will max out at 60.

Cancellation Policy: Request for cancellations must be made in writing to the Camp Director one week before camp. A $75 administration fee is non-refundable. There will be no refunds after the start of camp.

For more information on any of the camps, please contact: Kim Christos
kchristo@drew.edu
973-408-3087

Registration form (Please check):

______ Half Day:
    9:00 am-12 pm Mon-Fri $225
______ Full Day:
    9:00 am-3:00pm Mon-Fri $325
______ Elite Camp:
    7:00 pm-9:00 pm Mon-Thur $200
______ Goalie Elite Camp:
    6:00 pm-9:00 pm Mon-Thur $250

Name: ___________________________
Email: ___________________________
School: ___________________________
Address: _________________________
City: ______________ State: _______
Zip: ____________ Position: G M A D
Grade (entering in fall ’05): _______________
# of Years Playing Lacrosse: _____________
Phone (home): ______________________
Phone (work): _______________________

Please complete the entire application and enclose a check for the full amount by June 15th, 2005

Please make checks payable to:
Kim Christos Lacrosse Camp, Inc.

Mail check and registration to:
Kim Christos Lacrosse Camp
Drew University Women’s Lacrosse
36 Madison Ave.
Madison, NJ 07940