

**Suffern Girls Youth
Lacrosse Organization**

For nearly three decades, the HVGLA and SGYL have sought to provide the best possible lacrosse camp/ training experience for all girls at various levels of experience. Our staff takes pride on our strengths as educators, and our experience as coaches and players. Our broad range of expertise allows us to work with all players at all levels (beginner, novice, advanced), and at each position in this game.

STAFF

Bonnie Conklin- Suffern High School Coach/
Metro Magic Travel coach
Greg Borchers- North Rockland Coach/
Metro Magic Travel coach
John Callanan- Suffern High School Coach/
Metro Magic Travel Coach

Anna Berman- UAlbany 2015
Jenna Fox- Dominican 2020
Tara Monaghan- Cortland 2016
Jeanine Peluso- Dominican 2018



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SUFFERN GIRLS YOUTH LACROSSE
PO BOX 15
SUFFERN, NEW YORK 10901

2018 SUFFERN GIRLS
LACROSSE CAMP



Empowering young women
through the sport of lacrosse and
building the foundation for future
participation... all while having
FUN!



REGISTRATION

NAME: _____

ADDRESS: _____

CELL PHONE: _____

EMAIL: _____

GRADE (fall of 2018): _____

___ June 25-28 9:30-2:30 DAY CAMP

@ Suffern High School \$275 Grade K-5.

Register by June 1 for early bird special \$250

___ *I give my daughter permission to swim during the day camp at Suffern High School*

*****American Red Cross certified**

lifeguards will be present at the pool at all times***

___ June 25-28 5:00-8:00 NIGHT CAMP

@ Torne Valley Sports Complex (St Lawrence

Center) \$225 Grade 6-12. *Register by June 1 for*

early bird special \$200

REMINDER: Please bring googles, stick, mouth guards, cleats & sneakers. Do not forget a water bottle and lunch.

Please make checks payable to:

SUFFERN GIRLS YOUTH LACROSSE

DAY CAMP

Suffern High School

49 Viola Rd

Suffern NY, 10901

9:15-9:30 Campers Arrive

9:30-9:45 Warm-up/ Fitness FUN

9:45-10:30 Skill Development

10:30-11:10 Game Situations

11:10-12:20 Swimming

12:20-12:50 LUNCH

12:50-1:15 Warm-up

1:15-2:15 Games

2:15-2:30 Wrap up

2:30 Camper Pick UP

NIGHT CAMP

TORNE VALLEY SPORTS COMPLEX

Joseph T StLawrence

115 Torne Valley Rd

Hillburn NY 10931

4:45-5:00 Campers Arrive

5:00-5:20 Dynamic Warm-up

5:20-6:00 Stick Skills/ Instructional Stations

6:05-7:15 Position Specific Situations

7:20-7:55 Games

7:55-8:00 Wrap Up

8:00 Camper Pick UP

In consideration of my child _____ my child's participation in the 2018 SUFFERN GIRLS YOUTH LACROSSE sponsored events & activities I agree to the following:

1. Waiver & Release: I am fully aware and appreciate the risks including the catastrophic injury, paryalisi and even death, as well as other damages and losses, associated with participation in a lacrosse event and related sports conditioning activities. I further agree on behalf of myself, my heirs, and my personal representatives, that the 2018 SUFFERN GIRLS YOUTH LACROSSE along with the coaches, officials, referees, umpires, volunteer, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my child participation in the event. No liability insurance coverage is provided in regard to equipment and no warranties are made for the condition or fit of the equipment being borrowed.

2. Medical Attention: I hereby give consent to the 2018 SUFFERN GIRLS YOUTH LACROSSE to provide through a medical staff of its choice, customary medical/ athletic training attention, transportation and emergency medical services as warranted in the course of my child's participation in the 2018 SUFFERN GIRLS YOUTH LACROSSE sponsored or sanctioned events.

3. Readiness to Compete: My child will only participate in those competitions or activities in which I believe he/she is physically and psychologically prepared to participate.

FOR ALL PARTICIPANTS WHO ARE NOT YET 18 YEARS OLD: As legal guardian of this participant, I hereby verify by my signature below that I heave read and fully understand each of the above conditions for permitting my child to participate in the 2018 SUFFERN GIRLS YOUTH LACROSSE and I accept each of the above conditions, especially the waiver and release set forth in paragraph one.

Signature of Parent

Printed Name of Parent/Guardian

Date: _____

ALLERGIES: _____