

# SMCHS Boys Summer Lacrosse Camp

These camps are open to All High School Athletes who are interested in playing lacrosse!



- **Where- SMCHS Lacrosse/Football Field**
- **When- July 6-July 8, 2010**
- **Time- 10:30 a.m.-1:00 p.m.**
- **Coaching Staff led by Chris Driggs**

It is important for all players to attend this camp because it will give the coaching staff an idea of the team's potential, strengths, weaknesses, and overall dynamics. This is a great camp to attend and it will improve players' skills. We will have one on one instruction along with coaching in individual positions and team work.

For questions, email Vince Garcia at [garcia@smhs.org](mailto:garcia@smhs.org)

Mail the attached permission slip and fee for Camp by June 20th

**SMCHS Lacrosse**

**C/O SMCHS**

**22062 Antonio Pkwy**

**Rancho Santa Margarita, CA 92688**

**Cost: \$175.00**

**\*\*\* Make checks payable to SMCHS Lacrosse\*\*\***

(cut along the dotted line and send the bottom portion along with your check)



Name \_\_\_\_\_ Grade in Fall 2010 \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ Work Phone \_\_\_\_\_

Zip \_\_\_\_\_ Players Cell Phone \_\_\_\_\_

Players Email \_\_\_\_\_ Parents Email \_\_\_\_\_

T-Shirt Size: (Circle One) Small Medium Large X-Large

I hereby permit the above named to participate in the summer camp and games. Should it be necessary for my child to have medical treatment while participating in this activity, I hereby give the school personnel permission to use their judgment in obtaining medical service for my child. I give permission to the physician selected by the school to render medical treatment as deemed necessary by the physician. I understand that any insurance benefits that are effective have limited application.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_