CAPITAL LAND LACROSSE AND FIELD HOCKEY

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 BOYS INDOORS WINTER LACROSSE

 NOVEMBER & DECEMBER 2018

# The Capitalland Lacrosse Club will be running indoor winter boy’s lacrosse programs during November & December on Sundays mornings at the Sportsplex in Halfmoon. We will be offering quality instructional programs for learn to play K-5 grade level, beginner/novice players in grades 2-6 & 7-10, and an advance group for players in grades 4-6 & 7-10th. Programs are list below with more details at the bottom of the page. The registration form is on the next page.

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**LACROSSE PROGRAMS**

# These programs highlight our expert coaching staff’s ability to teach the advanced, intermediate, novice & beginner players the right way to play lacrosse. Our coaches will use the same skills, drills & live scrimmages that they have used to mold numerous all League & all American lacrosse players in the past. A player should choose a level based on age & skill. Advanced players can “play up”. Please fill out the registration form on the next page to join one of our programs. We do allow pay per session players in these programs. The fee is $26 per session.

### \*We will have a goalie coach available each week to help train all goalies no matter their age or skill level.

### ADVANCED COACHES CORNER PROGRAM grades **4 – 6 & 7 - 10** has varsity level coaches recreate a set of advanced-level practices full of skills & drills that advanced players need to be successful at the next level. Each week players will be divided by skill level, age, and position & taught, position specific drills, and full field transition skills this training session definitely takes your game to the next level! Scrimmages will be take place. This program will be on Sundays from 9:00 to 10:00 am.

### NOVICE PROGRAMS grades 2 – 6 & 7-10th: These programs are for boys who are novice lacrosse players who need to sharpen their basic skills while being introduced to more advanced techniques that they will need in order to make their schools teams. Players will be separated by age and skill level. This program will be on Sundays from 9:00 to 10:00 am.

### **BEGINNER PROGRAM** grades 2 – 6 & 7 - 10th**:** These programs are for boys who are beginners who want to learn how to play lacrosse in a friendly and fun atmosphere. Players will be separated by age and skill level. This program will be held on Sundays from 9:00 to 10:00 am.

CO-ED NON CONTACT K-5th learn to play program: for all young lacrosse players who want to learn how to play

in a friendly fun atmosphere. We will not use a real lacrosse ball and **THE EMPHASIS IS ON FUN.**

This program will be held on Sundays from 12:00 to 1:00.

### PROGRAM DETAILS FOR OUR LEAGUE AND INSTRUCTION PROGRAMS

### DATES/LOCATION/DIRECTIONS: All programs will start on Sunday 11/4 & conclude on 12/16 & will be held on the indoor turf fields at the Sportsplex of Halfmoon. The Sportsplex is located off exit 8A of the Northway. Head East off the exit until you reach Route 9. Turn left & go about two miles. The Sportsplex is on the left behind the Soccer Unlimited Store on Corporate Drive. Enter Corporate Drive at the sign for Pai’s Tae-Kwon-Doe.

### REGISTRATION: to register fill out the back section of this form and mail it to 7 Azalea Court Clifton Park NY 12065. All check should be made out to Capitalland Lacrosse. We will also be accepting applications ½ hour prior to each scheduled session at the Sportsplex as long as spots are available. All players most show up the first night 20 minutes prior to the start of their program to check in. If you would like to be a pay per night player in one of our instructional programs just show up 20 minutes early to the session you and sign in. The fee is $26 per session.

**COSTS OF THE PROGRAMS** – The cost for each player is $165 when signing up to play by 11/2 & $175 after that date. \*The fee for the Co-ed K-5 beginner program is $130 when signing up to play by 11/2 & $140 after that date. All check should be made out to Capitalland Lacrosse. A $30 non-refundable deposit is included in our fees. We do allow a player to play on a per night basis for those players who can only attend once in a while. The fee is $26 per session.

**SPORTSPLEX FEE:**  The Sportsplex also is requiring a one time, yearly access fee of $15. This is not a fee that we charge. Any and all players who play at the Sportsplex are charged this fee. If you have already paid this fee to the Sportsplex within the past year for any sport you do not have to pay it again for a full year. If you have not, then please go on line before the first night of play and do this by going to [sportsplexofhalfmoon.com](http://sportsplexofhalfmoon.com) and click the link in the top right corner that reads Member Login.  Call the Sportsplex if you have questions (518) 383-0991

**EQUIPMENT –** will be available to rent for the season on the first night for a small fee. All boys will need a stick, helmet, arm pads, shoulder pads, & gloves except the K-5th program which will only need a stick**.** A security deposit is required that will be given back when the equipment is returned. All players need a mouth piece which we have for $5 if one is needed.

**UPCOMING EVENTS** – JAN/FEB INDOOR LEAGUES & LACROSSE INSTRUCTIONAL PROGRAMS for grades 3/4, 5/6 and 7/8. Info. will be sent out at the end of Nov.

**E-MAIL US AT** **CHAD@CAPITALLANDLACROSSE.COM** **TO BE PUT ON OUR E-MAIL LIST**

Visit our website at www.capitallandlacrosse.com for information about all of our winter/spring/summer & fall programs.

**BOYS REGISTRATION FORM PROGRAMS ARE LISTED ON THE OTHER SIDE**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E- mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth\_\_\_\_\_\_\_\_\_ Grade level \_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_ Emer. Phone \_\_\_\_\_\_\_\_

Are you a goalie **Yes No** Experience\_\_\_\_\_\_\_\_\_ Are you new to the Capitalland? **Yes No** Are you presently receiving our e-mails? **Yes No**

**CIRCLE THE PROGRAM/PROGRAMS LISTED BELOW THAT YOU WOULD LIKE TO JOIN**.

 Advanced coaches corner level Novice level Beginner level Co-ed K-5 level

All check should be made out to Capitalland Lacrosse.

**DICK’S Sports is a Capitalland official sponsor. Visit** dickssportinggoods.com **for great deals on lacrosse equipment.**

**How to contact us**: Read more about us; check out our other seasonal offerings or down load forms by visiting us online at [www.capitallandlacrosse.com](http://www.capitallandlacrosse.com). To be added to our E-mail list for info about our winter, summer & fall programs or if you have any questions contact us at chad@capitallandlacrosse.com.

**Bad weather:** If weather conditions are threatening, please contact 527-1340 or 527-6110 one hour before play begins to see if f/h is still on.

**OTHER CLL WINTER ACTIVITIES**

**GIRL’S FIELD HOCKEY INDOOR COMPETITIVE LEAGUES** separate leagues for varsity, junior varsity/modified players.

**GIRL’S FIELD HOCKEY INSTRUCTIONAL PROGRAM** for beginners/novice players as well advanced players in grades K – 12th.

**GIRL’S LACROSSE INDOOR COMPETITIVE LEAGUE -** separate leagues for varsity, junior varsity, and /modified players.

**GIRL’S LACROSSE INSTRUCTIONAL PROGRAM** for beginners/novice players as well advanced players in grades K – 12th.

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MEDICAL TREATMENT AUTHORIZATION

PLAYERS NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I/We, being the legal parent(s) / guardian (s) of the applicant, do hereby authorize Capitalland Lacrosse Club, Inc. & it’s duly authorized agent(s) permission to request medical treatment, as necessary, to assure the well-being of our child. PARENT / GUARDIAN’S SIGNATURE - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL INFORMATION SECTION (To be completed by a parent or guardian)

As stated on our Insurance Waiver forms, there always is a risk that injury (ies) or various physical/emotional conditions may result in a need for medical attention. To help the coaches & staff better monitor & respond to these possibilities, please describe any restriction(s) that may apply, & any medication needs that require our attention.

RESTRICTIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MEDICAL NEEDS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coverage for accidental injury is required for all participants. Your family health plan is your level of protection. Our insurance contract allows no one to play in a Capitalland program until proof is provided and both waiver and release forms are completed.

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FAMILY HEALTH INSURANCE COMPANY HEALTH INSURANCE POLICY NUMBER

You are engaging in a physically strenuous sporting activity that can result in physical contact and unintended injury. As the parent(s) / guardian (s) of the applicant in the Capitalland Lacrosse program I agree to, waive, discharge & covenant not to sue the Capitalland Lacrosse Club, Inc., their affiliated clubs, their respective administrators, participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the events, all of which are hereinafter referred to as “releases:, from any and all LIABILITY to each of the undersigned, his or her heirs and next of kin for any & all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise. I HAVE READ THE ABOVE WAIVER & RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

(Signature parent / guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Printed Name of parent / guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_