CAPITAL LAND LACROSSE AND FIELD HOCKEY

CO-PRESIDENTS - GARY R. WEISS 7 AZALEA COURT Web site – capitallandlacrosse.comPH. 527-1340

CHAD C. FINCK CLIFTON PARK, NY 12065 E-mail - [chad@capitallandlacrosse.com](mailto:chad@capitallandlacrosse.com) PH. 527-6110 GIRLS INDOORS WINTER LACROSSE

NOVEMBER & DECEMBER 2018

# The Capitalland Lacrosse Club will be running indoor winter girl’s lacrosse programs during November & December on Sundays mornings at the Sportsplex in Halfmoon. We will be offering leagues in the following three brackets: Youth, Modified/JV & High School Varsity levels. We will also be offering quality instructional programs for learn to play K-5 grade level, beginner/novice players in grades 3-11, and an advance group for players in grades 7 – 12th.

# GIRLS LACROSSE LEAGUES

Games will be held on Sunday starting on 11/4 & end on 12/16. Starting times will rotate between 9:00 am and noon each week. Girls can sign up with their team members and play as a full or partial school team or as free agents and be place on a team. All girls who are signed up by 11/2 will be notified by 11/2 as to what time & team they will play on the first day. A league schedule will be available on line by 11/9. Please fill out the registration form on the next page to join one of our leagues. There is no pay per night program in our leagues. **Our instructional times & the league times will not conflict so a player could sign up to play in both**. More league information is on the back page and program details are listed below.\*Players with advance skill can play up a level. Our leagues coupled with our skills & drills program offers a player a comprehensive experience of live game experience & the skills & drills training that they will need to make their team in the spring. \*If you are signing up w/ a group & you want to request a set playing time each week contact us at the email address above & we will try to meet your needs.

**GIRL’S YOUTH LEAGUE GRADES 4 – 6th** with 4th graders having 2 or more years of experience.

**GIRL’S MODIFIED/JV LEAGUE GRADES 7 -9th**  for any girl who will be trying out for their JV or modified team in the spring.

**GIRLS VARSITY LACROSSE LEAGUE** is for girls who will be trying out for their varsity high school teams in the spring.

**SKILLS & DRILLS 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 instructional programs. Our instructional times & our league times will not conflict so a player could sign up to play in both. We do allow pay per session players in these programs. The fee is $26 per session. Players will be spit by age and skill levels in all groups.

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

### ADVANCED PROGRAMS grades 7- 9 & grades 10 – 12th: These programs are for the intermediate & advanced skill players who have been playing lacrosse for a while. These players want to refine their skills while being introduced to advanced techniques. Players will be spit by age and skill levels. This program will be on Sundays from 12:00 to 1:00.

### NOVICE PROGRAM grades 4-7 & grades 8 – 10th: This program is for novice lax 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. This program will be on Sunday from 12:00 to 1:00.

### **BEGINNER PROGRAM** grades 3 – 6 & grades 7 – 10th**:** This program is for girls who are beginners who want to learn how to play lacrosse and gain needed skill in a friendly and fun atmosphere. This program will be held on Sundays from 12:00 to 1:00.

CO-ED NON CONTACT K-5th learn to play program: for all young lacrosse players who want to learn how to play lacrosse. We will not use a real lacrosse ball and **THE EMPHASIS IS ON FUN.** \*This program has a reduced fee. 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 11/4 conclude on 12/16 & will be held on the indoor turf fields at the Sportsplex of Halfmoon. The Sportsplex of Halfmoon 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. 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. We only allow pay per night players in our instructional programs and NOT our leagues. 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. The cost for a player to play in more than one program, league & instructional program, is $285 when signing up to play by 11/2 & $305 after that date. A $30 non-refundable deposit is included in our fees. We only allow pay per night players in our instructional programs and NOT our leagues. 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.

**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](tel:%28518%29%20383-0991)

**EQUIPMENT –** will be available to rent for the season on the first night for a small fee. All girls need a stick & goggles. 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 info. will be sent out at the end of Nov.

**E-MAIL US AT** [**CHAD@CAPITALLANDLACROSSE.COM**](mailto: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.

**GIRLS LAX 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**. Our instructional times & our league times will not conflict so a player could sign up to play in both; circle both programs if you want to play in more than one.

CIRCLE THE PROGRAM YOU WANT TO PLAY IN. IF YOU WANT ONLY TO PLAY IN A LEAGUE ONLY CIRCLE THE APPROPRIATE LEAGUE.

**INSTRUCTIONAL -** advanced level novice level beginner level co-ed K-5 level **LEAGUES -** varsity league 7- 9th league youth league

All check should be made out to Capitalland Lacrosse. If you are signing up with a group of players and you want to request a set playing time each week please contact us at the email address above and we will try to meet your needs

**IF YOU ARE JOINING A LEAGUE LIST YOUR TEAM OR SCHOOLS NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and circle one of the following:

Full team member or \*Partial team member or Free agent. \*If you selected the partial team member, please list the other team members and their positions on a piece of paper and send it with this form so we can make sure we get you on the same team as your friends.

**LEAGUE NOTES** - The **league format of play** will include weekly divisional play. Records will be kept. A playoff tournament will be held after the regular session league games conclude. Each game will be refereed by a qualified referee and supervised by a Capitalland Lacrosse representative. **A team can be formed by any of the following** **means;** a local high school or postgraduates can form together as one team. A group from a local high school or postgraduates can form together making a partial team. This group of players will be put on a team with another group of players. All players from each school will be placed on the same team unless it is impossible because of the position of the players or because it conflicts with the league structure. **An individual player can sign up as a free agent.**  Free agents will be placed on a partial team or on the Capitalland Clubs’ home team. A Capitalland representative will coach this team. **Jersey’s** - each player will receive an official game pinnie on the first night. The **format of play** will be an 8 vs. 8 games, which includes the goalie. Each game will have two 22-minute running halves with a five-minute half time. **Number of players** - Since players do miss games because of sickness, vacations ... each team will have sixteen players on their rosters. If a team does not have 14 players on a team Capitalland could add players to reach that number. **Coaching** - anyone over the age of twenty-one can be a coach of a team. If a group of players, or free agents, do not have a coach, a representative from Capitalland Lacrosse will coach the team.

**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.](mailto: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.

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

**BOYS 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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_