



Boys
2012

Dixie Holiday Lacrosse Clinic

Featuring Hall of Fame Coach Joe Seivold & Sons

December 21st, 22nd & 23rd

For boys in grades 3rd-8th

Anderson Elementary

About the Clinic

Clinic Director Joe Seivold has a proven formula for developing players and instilling passion for the Fastest Game On Two Feet! He and his staff look forward to working with eager players hoping to better their game, or learn the game, in an atmosphere characterized by fun, progress, and friendly competition. Participants will receive expert instruction, improve their fundamental skills, and learn game strategies and team concepts.

Director

Joe Seivold, Headmaster at Berkeley Preparatory School, was selected as a 2006 Inductee into the Greater Baltimore Chapter of the US Lacrosse Hall of Fame, and went into the North Carolina Chapter of the US Hall of Fame in 2008. Joe earned lacrosse championships at the high school, collegiate, and international levels. Seivold was elected to the Phi Beta Kappa Society while earning a B.A. in History at the University of North Carolina at Chapel Hill, and was a four time All-American midfielder as well as an Academic All-American for the Tar Heels. He was a member of the 1986 World Champion USA lacrosse team and was named to the ACC 50th Anniversary Lacrosse team in 2002. Before coming to Tampa, Joe coached high school lacrosse in NC and MN, where all told his teams won 12 state championships. He has trained thousands of lacrosse players, including dozens who went on to play college lacrosse at places such as Hopkins, Duke, UNC, Virginia, Dartmouth, Yale, Navy and many others.

Clinic Staff

Joe is excited to have his two adult sons, Johnny and Jordan, join his staff. Johnny was a former UNC standout and Minnesota Nice Lacrosse Club founder and Jordan is a current United States Naval Academy First Class (senior) midfielder, who is embarking upon his final season of Division 1 collegiate lacrosse. Lacrosse has been an integral part of the Seivold family for three generations. All of the Seivolds have a wealth of experience coaching and teaching the game.

Their expertise, love for the game and special bond and camaraderie always makes for a positive experience for all those involved. They truly make learning the game fun!

“Our hope, in offering a Holiday Lacrosse Clinic in South Tampa this winter, is to continue to share our family’s love and passion for the game with an area abounding with excited young participants, eager to learn and grow as both young boys/men, as well as lacrosse players.”

Clinic Structure

The clinic will be divided into two sections for nearly all activities. Our younger group will be comprised of 3rd through 5th graders. In this section all fundamentals (throwing, catching, scooping, shooting) will be taught, practiced and reinforced. In addition, these players will compete in various ways, including in daily games. The older division (5th with experience through 8th graders) will emphasize and then expand on the fundamentals, tackling and rehearsing concepts such as team defense and offense, riding, clearing, sliding, and team ground ball play. Games will be played daily.

Clinic Details

Clinic hours are 3:30PM-6:30PM on Friday and 10AM-1PM on Saturday and Sunday. All sessions will take place at Anderson Elementary; 3910 West Fair Oaks Avenue, Tampa, FL. Three 3-hour sessions will provide a rich lacrosse experience that will leave all participants more skilled and more knowledgeable about the great game of lacrosse. Players need their own helmets, gloves, arm pads, shoulder pads, and mouth guard. Quality used equipment can be found at Play It Again Sports. The Insurance and Waiver Form must be filled out and sent with the Registration and Payment to the provided address. The Form can be located at <http://www.stickslax.org/>. Click on Documents, on the left side of the page then click on the “2012 Holiday Lacrosse Clinic Insurance & Waiver Form”. Print the form then sign it and send it in.

As he has done for decades, Coach Seivold will inspire campers to further pursue the great game of lacrosse through the experience; **join us!**

Registration Form

Child’s Name: _____

Age _____ Grade _____ School _____

Address _____

City _____ State _____ Zip _____

Parent’s Name _____

Phone 1 _____

Parents’ Email (**required**) _____

Parent’s Name _____

Phone 1 _____

Parents’ Email (**required**) _____

Registration Form, Insurance/Waiver Form and Payment due by December 2nd, 2012. No refunds after December 6th.

Cost: \$100

MAKE CHECK PAYABLE TO:

Dixie Top 150 Lacrosse Camp, INC

MAIL CHECK AND FORMS TO:

DHLC

1409 South Albany Avenue

Tampa, FL 33606

Clinic Manager: Joan Seivold *Phone:* (443) 481-7517

Email: jdseivold@gmail.com

DIXIE HOLIDAY LACROSSE CLINIC INSURANCE FORM

RETURN BY DECEMBER 2ND TO: DHLC
1409 South Albany Avenue
Tampa, FL 33606

Name of Applicant (please print)

Insurance coverage for accidental injury is required by all participants. In most instances, family health insurance is adequate. Please indicate your family health insurance plan below.

HEALTH INSURANCE COMPANY: _____

POLICY AUTHORIZATION NUMBER (S): _____

DIXIE HOLIDAY LACROSSE CLINIC WAIVER AND RELEASE

We, the undersigned, for ourselves, our heirs, executors and administrators, waiver and release and forever discharge, DIXIE TOP 150 LACROSSE CAMP, and the operators of the Holiday Lacrosse Clinic, staff, officers, agents, representatives, employees, successors and assigns of and from any and all rights and claims for damages to personal property which may be sustained or occur during participation in clinic activities, whether paid damages, injury or loss are due to negligence or not.

I certify that the applicant is in good physical condition to take part in the 2012 Dixie Holiday Lacrosse Clinic

(Signature of Guardian; electronic signature required if returning by email)

DIXIE HOLIDAY LACROSSE CLINIC MEDICAL TREATMENT AUTHORIZATION

I/We, being the legal guardians of the applicant, authorize the DIXIE TOP 150 LACROSSE CAMP and its agents, permission to request medical treatment as necessary to insure the well being of our dependent.

GUARDIAN SIGNATURE _____ **DATE** _____