CAPITALLAND LACROSSE AND FIELD HOCKEY

CO-PRESIDENTS - GARY R. WEISS MAILING ADDRESS - 7 AZALEA COURT - CLIFTON PARK, NY 12065 518-527-1340 or 527-6110 CHAD C. FINCK E-MAIL ADDRESS - CHAD@CAPITALLANDLACROSSE.COM WEB PAGE - [CAPITALLANDLACROSSE.COM](http://www.Capitallandlacrosse.com)

2025 GIRLS FALL LACROSSE PROGRAMS

# The Capitalland Lacrosse Club is running a fall lacrosse program for girls in grades K – 10th with skill levels ranging from advanced to beginners. Our professional staff will give each player quality instruction that fits the player’s level of experience & includes individual skill work, offensive/defensive tactics & techniques, team concepts, goalie skills, as well as, full field games & recommendations. In each program players will be assigned to groups based on their age & skill level. Younger advanced players can play up a level.

# Field directions and our REGISTRATION FORM IS ON THE BACK.

**PROGRAM DETAILS**: **All programs will be held at the Clifton Commons in Clifton Park which is located at 16 Clifton Commons Blvd. You do not need to be a town of Clifton Park resident to participate in our programs.** We will be accepting applications on line (see the top of the next page for details), or by mail addressed to – Town of Clifton Park, Summer Recreation Dept., One Town Hall Plaza, Clifton Park NY, 12065.

# DATES: We will be playing on Tuesday nights starting on Sept. 9 and will end on Oct. 7. FEES: Each program has a fee listed next to it. \*In the fall we do not offer a pay/play per day program but if are going to miss more than one night email me to see if we can work something out. To REGISTER see the form on the back.

# EQUIPMENT – will be available to rent for a small fee. A security deposit is required that will be given back when the equipment is returned. All players need a mouth piece which we will have available for $6 if one is needed. All girls will need a stick, and goggles except the K-5th program which will only need a stick and no mouth piece.

# BAD WEATHER: If weather threatens, please contact 527-1340 or 527-6110 one hour before play is to begin to see if lacrosse is on.

### CO-ED K -5TH GRADE NON-CONTACT – (stick only program) is set in a fun, hands on positive environment. Just right for those who want to try the fastest growing sport in America. We will be using a puffball and no contact is aloud. THE EMPHASIS IS ON FUN! \*Use session number listed below when you register.

### BEGINNER PROGRAM FOR GRADES 3 – 10: for beginning lax players who need to learn basic skills. This program is held in an encouraging mental & physical positive environment. Fun while learning is the key in this group. Players will be split into different skill & age divisions. \*Use session number listed below when you register.

### NOVICE PROGRAM FOR GRADES 5-7 & 8-10: These two programs are for girls who are novice players who need to sharpen their basic skills while being introduced to more advanced techniques that they will need to make their schools modified or junior varsity teams. \*Use session number listed below when you register.

### ADVANCED SKILLS PROGRAM FOR GRADES 6 – 8 & 9 & 10: These programs are for the intermediate and advanced skill level players who have been playing lacrosse for a while and have a good deal of skill. These players want to refine their skills while being introduced to more advanced techniques so they can capture a starting position on their high schools team. Players will be split into different skill & age divisions within this program. \*Use session number listed below when you register.

\*Note: All groups will be separated by age and skill levels.

Session 5001 Tuesday nights for Co-ed lax 5:30 – 6:30 pm FEE: $125

Session 5002 Tuesday nights for Youth & Beginner groups 5:30 – 7:00 pm FEE: $150

Session 5002 Tuesday nights Novice & Advanced skills groups 5:30 – 7:00 pm FEE: $150

**\*SPECIAL NOTE -** Our on-line registration is available at [www.cliftonpark.org](http://www.cliftonpark.org) starting on August 13th. .

\*We also offer Girls fall lacrosse and field hockey.

**UPCOMING GIRL’S LACROSSE EVENTS** – November/December instructional programs for all ages and leagues for Modified, JV and Varsity levels.

**Registration Application Form \*\*You do not have to be a town of Clifton Park resident to join. On-line registration starts August 13 at** [**www.cliftonpark.org**](http://www.cliftonpark.org)**.** You can register by check anytime by sending this form and payment to – Town of Clifton Park, Summer Recreation Dept., One Town Hall Plaza, Clifton Park NY, 12065. **All checks are made out to the town of Clifton Park.** Use this form to register for all programs. **GAME SITE:** Clifton Commons Sports Field is located in Clifton Park at 16 Clifton Commons Blvd. As you go into the commons, go straight to the parking lot on the right. The field is next to the lot right in front of the hockey rink**.**

2012 Recreation Program Registration Form

2012 Recreation Program Registration Form

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| Please print and fill out this form **COMPLETELY.**  Household Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Town/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_  Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Please fill out this side with any emergency contact information.  Emergency contacts:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\*All check need to be made out to the town of Clifton Park.** | | | |
| Session # | Activity Name | Start Date | Time | Place | Fee | Registrant’s Name | Date of Birth | Male/Female |
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| **\*All check need to be made out to the town of Clifton Park.** **TOTAL FEE:** | | | | |  | Make checks payable to: Town of Clifton Park  Mail to: Parks, Recreation & Community Affairs, 1 Town Hall Plaza, Clifton Park, NY 12065 | | |
| *If minor: please fill in the following: I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/legal guardian of, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby consent to his/her participation in the above recreation program(s) sponsored by Town of Clifton Park. I assume, for and on behalf of my child, all risks and hazards incidental to such participation. I agree that if he/she does suffer any injury the Town of Clifton Park's Parks, Recreation and Community Affairs, through its employees or agents, has my permission to sign consent forms required for any necessary emergency medical treatment. This consent shall apply to emergency situations only, and only if the parent/legal guardians listed above are not reachable at the numbers listed, to obtain my/our consent.*  *I recognize the difficulties and challenges involved in the outdoor, sports programs and camps, and that I or my child is sufficiently physically and psychologically fit to participate and has not been advised otherwise by a physician. I agree to indemnify and hold harmless the Town of Clifton Park, its employees and personnel from any and all claims, causes of action, liability for injuries or damages which may arise as a result of participating in this recreation program and its trips and activities, including, but not limited to, reasonable attorney's fees and the costs and disbursements of any legal actions. I do hereby waive, relinquish, release, discharge, and hold The Town of Clifton Park harmless from any and all liabilities, for any physical or mental injury or aggravation of any pre-existing illness, handicap, and death, loss of enjoyment, or any other harm or loss of nature which may be sustained by myself or my child while participating in the recreation program. The scope of this agreement extends to any actions taken by the Town of Clifton Park Office of Parks, Recreation & Community Affairs, the Town of Clifton Park, its employees, personnel, volunteers, and the instructor of any class or activity in responding to any emergency and/or medical situation or event.*  *I understand that all refund requests must be in writing and received 10 days prior to start of program and that there will be NO refunds after this time. Further, I acknowledge that there will be a $10 non-refundable charge on all registrations.*  *Participants may be photographed while participating in a Clifton Park Parks & Recreation program and said photographs may be used to publicize activities as the Town deems appropriate.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Signature of Participant or Parent (if participant is under 18 yrs. of age) Date* | | | | | | | | |

2012 Recreation Program Registration Form