CAPITALLAND LACROSSE AND FIELD HOCKEY

CO-PRESIDENTS - GARY R. WEISS & CHAD C. FINCK E-MAIL ADDRESS - CHAD@CAPITALLANDLACROSSE.COM

PHONE NUMBER: 518-527-1340 WEB PAGE – WWW.[CAPITALLANDLACROSSE.COM](http://www.Capitallandlacrosse.com)

2025 GIRLS MAY LACROSSE PROGRAMS

# The Capitalland Lacrosse Club is running a spring lacrosse program for girls in grades K – 10th with skill levels ranging from advanced to beginners. Each program we offer will be coached by some of the areas finest high school and college level coaches. Each player will be given quality instruction that fits the player’s level of experience including: stick handling, passing, cradling, offensive & defensive tactics & techniques, team concepts, live games skills & tactics, as well as, field evaluations & coach’s recommendations.

# Program details are listed below and our REGISTRATION FORM IS ON THE BACK.

**DATES:** -a player can choose to play on Tuesday evenings, Sunday afternoons or both.All Tuesday programs will start on May 13 & end on June 10. All Sunday programs will start on May 18 & end on June 22 excluding May 25 & June 15. **\*Players can sign up for one night a week and split their 5 times to play between Tuesday and Sundays.**

**DIRECTIONS TO THE FIELD:** All programs will be held at the **Clifton Commons in Clifton Park which is located at 16 Clifton Commons Blvd.**

### PROGRAM DETAILS: In each program players will be split into separate age & skill levels. Younger advanced players can play up a level. FEES: Each program has a fee listed next to it.

**TO REGISTER** \*You do not have to be a resident of the town of Clifton Park to join. On line registration starts on February 28th. Click this link to go right to the Town of Clifton Park registration page where you can register on-line <https://parksrec.egov.basgov.com/cliftonpark/Search>. \*Just type in spring lacrosse in the search line

### EQUIPMENT – All girls will need a stick & goggles except the K-5th learn to play group which only needs a stick. We will have equip. available to rent on site for a small fee. A security deposit is required that will be given back when the equip. is returned. All players need a mouth piece, except the k-5th group, which we will have available for $5.

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

**Players will be split into different skill and age divisions within these programs.**

### 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!

### BEGINNER PROGRAM FOR GRADES 3 – 7 & 8 – 10 These programs are for girls who are beginning lacrosse players who learn how to play lacrosse.

### NOVICE PROGRAM FOR GRADES 3 –6 & 7 - 11: This program is for the novice players who need to sharpen their basic skills while being intro. to more advanced techniques that will help them grow as a player. Players will be split by different skill & age divisions within this program. A scrimmage will be held each session.

### ADVANCED SKILLS PROGRAM FOR GRADES 6- 9: 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. Players will be split into different skill and age divisions within this program. A scrimmage will be held each session.

Session 5001 Tuesdays nights Co-ed learn to play 5:30 – 6:30 pm FEE: $125 \***Session numbers at the LEFT**

Session 5002 Sunday Co-ed learn to play 4:30 – 5:45 pm FEE: $125 **are needed for the registration**

Session 5003 Both Tuesdays & Sunday Co-ed FEE: $195 **form on the back side of this form**

Session 5004 Tuesdays nights beginner & novice 6:30 – 8:00 pm FEE: $150

Session 5005 Sunday for beginner & novice 5:45 – 7:30 pm FEE: $150 \*We also offer May/June girls lax & boys lax.

Session 5006 Both Tuesdays & Sunday for beginner & novice FEE: $260

Session 5004 Tuesdays nights for advanced 6:30 – 8:00 pm FEE: $150 \*Upcoming events include summer camps

Session 5005 Sunday for advanced 5:45 – 7:30 pm FEE: $150 & fall skills & drills programs.

Session 5006 Both Tues & Sun for advanced FEE: $260

**Town of Clifton Park Registration Application Form \*\*On-line registration system will be available on February 28th at** <https://parksrec.egov.basgov.com/cliftonpark/Search>. \*Just type in spring lacrosse in the search line.  **To register by mail send your application to**: Parks, Recreation & Community Affairs, 1 Town Hall Plaza, Clifton Park NY 12065. Use this form to register for all programs.  **ALL CHECKS ARE MADE OUT TO THE TOWN OF CLIFTON PARK. \*Both levels of k-5th players will use the same session numbers.**

2012 Recreation Program Registration Form

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*\*\* **MAKE CHECKS PAYABLE TO: TOWN OF CLIFTON PARK** | | | |
| **Session #**  Get this # from the other side of the form | Activity Name | Start Date | Time | Place | Fee | Registrant’s Name | Date of Birth | Male/Female |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **MAKE CHECKS PAYABLE TO: 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* | | | | | | | | |