



LACROSSE

2014 DATES

Sunday, June 8

1 - 4 p.m.

Prospect Camp Grades 9-12

Tuesday, July 1

6 - 9 p.m.

Prospect Camp Grades 9-12

Tuesday, August 5

6 - 9 p.m.

Prospect Camp Grades 9-12

Monday, July 7 - Thursday, July 10

6 - 9 p.m.

Youth Camp Ages 8-12

Makeup Day: July 11

PROSPECT CAMP

COST

\$85.00

YOUTH CAMP COST

\$130.00

Prospect Camp Overview

The Arcadia Mens Lacrosse prospect camps are all 3 hour sessions for players entering grades 9-12 who are interested in playing lacrosse at the college level.

The Arcadia Lacrosse staff will conduct a 3 hour session in which they will drill the players in a college type practice teaching high level fundamentals and techniques. At the same time the staff will have an opportunity to evaluate players in a small group atmosphere from a recruiting standpoint.

The players in attendance have an opportunity to work with the Arcadia Coaches and get to know them as well as some of the Arcadia Lacrosse players. The opportunity to spend time on the campus and interact with staff and players is especially valuable for athletes interested in attending Arcadia University.

Each session is limited to 50 players and will be directed by Arcadia Lacrosse Head Coach Jim Stagnitta and Assistant Coach Franc Cook.

Youth Camp Overview

The Arcadia Youth Lacrosse camp is for boys ages 8-12 years old. Players will be taught fundamentals, team concepts and play games over the 4 day program.

The camp will be directed by Arcadia Lacrosse Head Coach Jim Stagnitta along with his staff and guest college and HS coaches. Arcadia Lacrosse team members will also be on staff. The camp will also feature position specific instruction including goalie training.

This camp is for players of all skill levels and will break players up based on age and experience. Jim Stagnitta brings 25 years of experience in the teaching camp field.

Location

Camps are held on Easton Field on the campus of Arcadia University. Located off PA. Route 309 in Glenside, PA. Easton field is a lighted state of the art artificial turf stadium.

DAILY SCHEDULE FOR 1 P.M. START

12:45 p.m. - Arrival / Check-In

1-3:45 p.m. - Positional Drills, Scrimmages

4 p.m. - Camper Check Out

DAILY SCHEDULE FOR 6 P.M. START

5:45 p.m. - Arrival / Check-In

6-8:45 p.m. - Positional Drills, Scrimmages

9 p.m. - Camper Check Out



LACROSSE

CONTACT INFORMATION

**Camp Director
Jim Stagnitta**

Arcadia University
Head Men's Lacrosse
Coach

267-620-4869

stagnittaj@arcadia.edu

Emergency Information

Arcadia University
Public Safety

215-572-2900

Registration Information:

Register by completing the attached registration and waiver forms. All information on both forms must be fully completed prior to the start of camp. You will receive a confirmation of your registration and payment prior to the start of camp.

Refund Policy:

Campers unable to attend camp are entitled to a refund. A \$50 administrative fee will be deducted from all refunds, regardless of the reason. Refund requests must be submitted in writing PRIOR to the first day of the camp session in which the camper was originally enrolled. No refunds for any reason (i.e. injury, illness) will be given once a camper is on campus.

Medical Policy:

Each participant should have his or her own medical insurance. A certified trainer will always be available. Waiver forms must be completed prior to camp. Please see waiver forms for more detailed information.

Food and Snacks:

Campers can bring non-perishable snacks and drinks to camp to stay refreshed throughout the day. All food and drinks should be easily contained and packaged to avoid leaks, spills, etc. Camp staff will not store or hold any food or drinks brought to camp by a camper. Water will be available throughout the day for campers.

Camper Drop off and Pick Up:

All campers will be notified of the camper drop off and pick up locations and times prior to the start of camp. This will be sent with your confirmation materials. All campers are required to sign in to camp at check-in each day and sign out prior to leaving each day. Campers who drive themselves will be permitted to leave once they sign out for the day. Campers who did not drive must be signed in by the person dropping them off and signed out by an authorized person listed on the registration form.

Camper Behavior and Conduct:

Campers are expected to conduct themselves in an acceptable manner as guests of Arcadia University and comply with the rules and regulations which govern the conduct of traditional students on campus. Campers conducting themselves in an unacceptable manner may be asked not to return for the remainder of the camp without a refund.

Registration Form

Camper Name: _____

Address: _____

City, State, Zip: _____

Camper Date of Birth: _____

Phone Number: _____

E-mail: _____

Grade in September: _____

Height: _____ Weight: _____

Position: Attack Midfield Defense Goalie

Youth Shirt Size: Youth Large

Adult Shirt Size: X-Small S M L XL

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

Medical Information

In Case of Emergency Please Contact: _____

Relationship to Camper: _____

Home/Work Phone Number: _____

Cell Phone Number: _____

List any medical conditions or special needs that camp personnel should be aware of:

List any medications currently taking:

List any allergies:

Name of Medical Insurance Provider:

Insurance Policy Number: _____

Primary Physician Name: _____

Primary Physician Phone Number: _____

Please enroll me in the following camp/clinic:

Prospect Camp

- Camp 1: June 8, 1-4 p.m. (Grades 9-12)
 Camp 2: July 1, 6-9 p.m. (Grades 9-12)
 Camp 3: August 5, 6-9 p.m. (Grades 9-12)

Youth Camp

- Camp 1: July 7-July 10, 6-9 p.m., (Ages 8-12)

Authorized Pick-Up Information

Please list authorized individual permitted to pick-up camper:

Name: _____

Relationship to Camper: _____

Name: _____

Relationship to Camper: _____

Name: _____

Relationship to Camper: _____

Photograph and Publicity Release

I represent that I am a participant in an Arcadia University-sponsored camp/clinic, who is 18 years of age or older, or the parent or guardian of the participant, if the participant is not 18 years of age.

I grant to Arcadia, its representatives and authorized agents, the right to take photographs of the participant and his/her property in connection with Arcadia camp/clinic sponsored activities. I authorize Arcadia, its assigns and transferees to copyright, use and publish the photographs in print and/or electronically.

I agree that Arcadia may use such photographs of participant with or without the name of the participant and for any lawful purpose, including, for example, publicity about Arcadia and its sponsored activities, illustrations, advertising, and Web content.

I agree that the above uses can occur with no prior notification of any photograph with or without the name of participant and with no compensation from Arcadia.

I acknowledge that the laws of the Commonwealth of Pennsylvania govern this agreement, wherever it may be signed.

I have read, understand, and agree to the above:

Signature of Participant

Date:

Signature of Parent/Guardian

Date:

Send registration and waiver form with payment to:

Arcadia University Athletics
Attn: Jim Stagnitta
450 S. Easton Rd.
Glenside, PA 19038

Please make checks payable to:

Arcadia Men's Lacrosse

**ARCADIA UNIVERSITY
CAMP/CLINIC ASSUMPTION OF RISK, RELEASE, AND INDEMNITY AGREEMENT**

1. Participant Agreement.

I affirm that my participation in the camp/clinic is entirely voluntary, and understand that participation in the camp/clinic involves a risk of injury due to certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, such as, but not limited to, the following: contact with other individuals playing in a game; contact with the floor, walls, goals, posts or equipment which are part of the playing area; and strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems. The specific risks vary from (1) minor injuries such as scratches, bruises and sprains, to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death. I also understand that, despite safety precautions, Arcadia University cannot guarantee that I will not be injured. I agree to assume these risks. I understand that the best way to minimize these risks is to follow the rules, regulations and instructions of the staff of the camp/clinic.

2. Parent/Guardian Agreement.

I agree to allow my child to participate in the camp/clinic and affirm that my child's participation is completely voluntary. I understand that there are risks inherent in the activities my child will engage in at the camp/clinic (some of which are described above) that may cause serious injury or even death. I also understand that, despite safety precautions, Arcadia University cannot guarantee that my child will not be injured. My child and I are willing to assume these risks. To minimize the risk, I have instructed my child to obey all the rules, regulations and instructions of the camp/clinic. In the event of an emergency, I authorize Arcadia University to seek any and all medical treatment which is reasonably necessary to care for my child. I acknowledge my responsibility to pay all costs associated with my child's medical care and authorize all insurance payments to be made directly to the medical facility.

3. Assumption of Risk, Release and Indemnity Agreement.

In consideration of being permitted to participate in the camp/clinic, and intending to be legally bound, we hereby acknowledge and agree as follows:

A. To assume full responsibility for any risks or loss, or personal injury, both known and unknown, including death that may be sustained by me or my child, or any loss or damage to property owned by me or my child, as a result of, participating in the camp/clinic.

B. To release, waive, discharge, and agree not to sue, to the fullest extent permitted by law, Arcadia University, or its trustees, officers, employees, agents, students, and staff from any and all liability, claims, actions, demands, expenses, attorneys fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that we might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my child, or to any property belonging to me or my child, while participating in the camp/clinic.

C. To indemnify and hold Arcadia University harmless from any and all claims, causes of action, damages, judgments, costs or expenses that arise out of or relate to the negligent acts or omissions of the undersigned.

By signing below, we acknowledge that we have read, understand and agree to the terms outlined above and acknowledge that this agreement includes AN ASSUMPTION OF RISK, RELEASE, AND AN AGREEMENT TO INDEMNIFY ARCADIA UNIVERSITY.

Date: _____

Parent/Guardian Name

Signature of Parent/Guardian

Date: _____

Participant Name

Participant Signature