

Core Lacrosse, LLC

HotShots Lacrosse Camp for Players in Grades 2-8

Come Learn Basic Lacrosse Skills for Beginners
And
Enhance Skills for Returning Players

Date: Monday July 26 -Thursday July 29, 2010

Time: 9:00am – 12noon

Place: Riverfront Park on Welles Street
Glastonbury, CT

Cost: \$290

STAFF- Core Lacrosse, LLC.

Directed and coached by Mario Lopez

- **Member World Champ TEAM USA '99**
- **MLL 1st Team All-Pro Defenseman '01**
- **All-American UMass '92**
- **Former NCAA Div. 1 Asst. Coach UMass**
- **16 years experience directing and teaching lacrosse at youth camps and clinics**

Coach Lopez has played lacrosse at the highest level attainable having represented the United States in international competition. He has played professional outdoor lacrosse for the Bridgeport Barrage in Major League Lacrosse and pro indoor lacrosse for the Buffalo Bandits of the National Lacrosse League. He has a coaching background that includes 3 years as a Div. 1 NCAA assistant. His experience includes coaching at Glastonbury High, UMass and Trinity College. He is also a CT state certified educator and currently teaches Phys. Ed. in West Hartford.

Directed and coached by Jack Reid

- **3 time NCAA All-American '04 - '06**
- **Captained UMass to first ever National Championship game.**
- **Drafted 10th overall in both the NLL and MLL professional lacrosse leagues.**

A product of GHS, Jack is currently pursuing a career in lacrosse as the New England Territory Manager for Cascade. In addition, he is dedicated to promoting lacrosse through educating and coaching youth in the sport he loves. Jack plays for the Rochester Rattlers in the MLL and is considered one of the best defensemen in the game today.

Offensive Instructor Peter Pfeffer

- **Former Head Coach at Glastonbury High School**
- **Conference Champions 2002, 2003, 2004, 2006**
- **CT High School Lacrosse Coaches' Association Coach of the Year 2004**
- **CIAC Coach of the Year 2005**

Knowledgeable in all aspects of the game, Coach Pfeffer brings a wealth of experience in working with young lacrosse players of all ages. A middle school Phys. Ed teacher in West Hartford, Pete helps round out an exceptional staff of lacrosse coaches who are also experienced educators.

Registration Form can be printed of the web at www.corelacrosse.net – sign up soon as space is limited for this camp!

REQUIRED EQUIPMENT

Players are required to bring a helmet, shoulder pads, elbow pads, cup and supporter, lacrosse gloves, stick, and water bottle. Running water is not available at this location. Please make sure your camper brings sufficient water with them for the duration of the camp.

Camp Club Registration Form.

Make checks payable to: Core Lacrosse
Sign up deadline: July 24

In the event of insufficient registrants, the camp will be cancelled and all money will be refunded.

PLEASE NOTE: A fee of \$20 dollars will be charged for cancellations prior to July 1, 2010. After July 1, 2010 all fees are non-refundable except in the case of a documented medical emergency. Any returned check is subject to a \$20 returned check fee.

Any Questions Please Email or call Mario Lopez at corelacrosse@yahoo.com or (860) 463-9919

Return the form below with payment to:
Core Lacrosse
112 Federal
West Hartford, CT 06110

CORE LACROSSE, LLC

Summer Hotshots Day Camp **July 26-29, 2010 - Glastonbury**

Registration Form

Please complete all of the following sections (Registration, Medical, Insurance and Release of Liability, Waiver of Claims, and Arbitration Agreement), sign where indicated, and return with your check (payable to "Core Lacrosse") to **Core Lacrosse, c/o Jack Reid, 112 Federal St., West Hartford, CT 06110**. An incomplete or unsigned form will not be processed - you will be contacted through phone or email to provide missing information. **A Release of Liability, Waiver of Claims, and Arbitration Agreement *must* be signed prior to participation.**

PLEASE CIRCLE THE TEAM YOU WISH TO SIGN UP FOR BELOW

Player's Name:

(First) _____ (Last) _____

Street Address _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Age: _____ Grade (fall): _____

(Players entering 2nd grade to 8th grade in fall of 2010 are eligible)

Parent Email *required* _____

Father's/Mother's/Guardian's

Name _____

Position: Att____ Mid____ Long-Pole Mid____ Def____ Goalie_____

PLEASE NOTE: A fee of \$20 dollars will be charged for cancellations prior to July 1, 2010. After July 1, 2010 all fees are non-refundable except in the case of a documented medical emergency. Any returned check is subject to a \$20 returned check fee.

Parent/Guardian Signature _____

Please send entire registration form with full payment (\$290) to:

Core Lacrosse
c/o Jack Reid
112 Federal St.
West Hartford, CT 06110

If you have any questions or concerns please do not hesitate to contact us at:

corelacrosse@yahoo.com or call at 860-463-9919

MEDICAL TREATMENT AUTHORIZATION

PARENTS: If your son/daughter has any medical condition or requires any treatment or medication that a clinician or emergency medical provider should be aware of (i.e., allergies, disabilities, etc.) you must provide written notification to the Core Lacrosse, LLC Summer Travel Teams (the "Summer Team") staff at or before registration.

I hereby authorize medical treatment and care for my son/daughter
(print full name) _____, which may include routine diagnostic procedures (i.e., physical examination, x-rays, blood and urine tests, taping, splinting, etc.) and medical treatment as may be necessary. I understand that the consent and authorization granted herein does not include surgical procedures, unless they are due to a medical emergency, and are valid only during the time that my son/daughter is in attendance at the Clinics. In the event that an illness or injury requires more extensive evaluation or urgent care, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached in a timely manner, I give my consent for my son/daughter to receive the treatment and/or medical services deemed necessary by the emergency health care provider.

Parent/Guardian

Signature _____ Dated: _____

INSURANCE/CONTACT INFORMATION

Participant Name: _____

Parent/Guardian Name _____

Phone #'s to call in an emergency: 1st choice _____

Emergency Contact Person _____ Phone number _____

(other than parent)

Will you have health insurance for the entire duration of the Clinic?

Yes _____ No _____

Health Insurance Company _____

Identification or Contract # _____ Group/Plan# _____

Parent/Guardian Signature _____

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
AND ARBITRATION AGREEMENT**

PLEASE READ CAREFULLY

Participant: _____

In consideration of being allowed to participate in the Core Lacrosse, LLC Summer Travel Teams (the "Summer Teams"), the Participant, and the Participant's parent(s) or legal guardian(s) if the Participant is a minor, do hereby agree, to the fullest extent permitted by law, as follows:

- 1) **TO WAIVE ALL CLAIMS** that they have or may have against Core Lacrosse, LLC ("Core") arising out of the inherent risks of engaging in the Travel Team;

- 2) **TO ASSUME ALL RISKS INHERENT IN THE CLINICS;** and

- 3) **TO RELEASE** Core, its owners, affiliates, officers, directors, employees, agents, and shareholders, from all liability for any loss, damage, injury, or expense that the Participant (or his/her next of kin) may suffer, arising out of the inherent risks of participation in the Summer Teams, which include, but are not limited to, the instruction received during the Summer Team.

Arbitration

The Participant hereby agrees to submit any dispute arising from participation in the Clinics to arbitration, for the sole purpose of determining whether the alleged injury arises from a risk inherent in the activities engaged in during the Clinics. For such disputes, there shall be a three-member arbitration panel, consisting of two party-appointed arbitrators (one arbitrator to be appointed by each party) and one neutral arbitrator (collectively, the "Panel"), to be chosen by the party-appointed arbitrators. In the event that the two party-appointed arbitrators are not able to agree on a third, neutral arbitrator, the neutral arbitrator shall be appointed by the United States District Court, for the District of Connecticut. Each party shall pay its own costs, including the costs associated with the party-appointed arbitrators, and the parties shall share equally the costs associated with the neutral arbitrator. The arbitration proceeding shall proceed in Hartford, Connecticut and shall be governed by the Federal Rules of Evidence. The Panel shall establish a

reasonable and appropriate discovery schedule to expeditiously resolve this matter. **In the event that the Panel determines the alleged injury arises from a risk inherent in the Participant's participation in the Clinics, the claim shall be deemed barred, as a matter of law, and the Participant shall be barred from recovering any compensation from Core.** In the event that the Panel determines the alleged injury did not arise from a risk inherent in the activities engaged in during the Clinics, the Participant shall proceed to the Superior Court of Connecticut, or if appropriate, the United States District Court, for the District of Connecticut, for a trial *de novo*.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Parents or Guardians must also sign if the Participant is UNDER 18.

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____