

BOYS & GIRLS Lacrosse

GOAL

The goal of the Lynchburg City Schools' Boys' and Girls' Lacrosse Camp is to help students improve their lacrosse skills while experiencing all valuable and positive benefits of a camp environment. Please join us for a terrific experience in the fastest-growing sport!

HIGHLIGHTS

- ♦ Outstanding staff
- ♦ Individual instruction
- ♦ Certificates for each camper
- ♦ Daily Prizes
- ♦ Camp T-shirt

OBJECTIVES

- ♦ Improve Individual & Team Skills
- ♦ Receive position-specific Instruction
- ♦ Learn Rules & Strategies
- ♦ Participate in team building and sportsmanship activities

****In the event of inclement weather, the camp schedule may be altered or extended.**

CAMP STAFF

Edward Ranuska - E. C. Glass
 Head Coach
Tyler Zinck - E. C. Glass
 Assistant Coach
 Special Guests - E. C. Glass
 Alumni and Current Players

Ages 8 - 16

**June 12 - 15
 Monday - Thursday
 9:00 - 11:00**



LOCATION

E.C. Glass High School
 Turf Field

Each player should bring a lacrosse stick, mouth piece, water bottle, and snack for each day.

REGISTRATION

Please send check or money order in the amount of **\$50.00 payable to E. C. Glass High School** with the completed **registration form by June 8, 2017** to

Lynchburg City Schools'
 Lacrosse Camp
 E.C. Glass High School
 2111 Memorial Avenue
 Lynchburg, VA 24501

For more information contact Edward Ranuska, E.C. Glass High School, (434) 515-5370.

Boys' And Girls' Lacrosse Summer Camp Application

Name _____ School Presently Attending _____ Grade _____

(As of fall 2017)

Home Address _____ City _____ Zip _____

Home Phone # _____ Emergency Daytime Phone # _____

Adult T-shirt Size: _____ Small _____ Medium _____ Large _____ Extra Large

Youth T-shirt Size: _____ Small _____ Medium _____ Large

Waiver: I, the parent or guardian of the above named student, hereby give my approval for his/her participation in the 2017 Lynchburg City Schools' Lacrosse Camp. I assume all risks and hazards incidental to such participation. I do hereby waive, release, and agree to hold harmless the directors, counselors, supervisors, and the Lynchburg City Schools from any claim arising from an injury to my child while participating in the camp.

Parent/Guardian signature _____ Date _____

Send this completed form along with \$50.00 registration fee payable to E. C. Glass High School, to Edward Ranuska, E.C. Glass High School, 2111 Memorial Avenue, Lynchburg, VA 24501.