



BADGER STATE LACROSSE CAMP

PRESENTED BY LACROSSE AMERICA

UNIVERSITY OF WISCONSIN – WHITEWATER
WHITEWATER, WI | JULY 26TH – JULY 29TH, 2009

CHECK-IN | JULY 26TH | 10:30AM – 12:45PM
CHECK-OUT | JULY 29TH | 12:00PM – 1:30PM

BOYS | RISING 5TH-12TH GRADERS | BEGINNERS | INTERMEDIATE | ADVANCED



GOALIE MINI CAMP
JULY 25TH – 26TH

PRESENTED BY LACROSSE AMERICA

BADGER STATE LACROSSE CAMP

BADGER STATE LACROSSE CAMP
LACROSSE AMERICA
600A WAUKEGAN ROAD, SUITE 118
NORTHBROOK, IL 60062

WAIVER FORM

Players Name _____ Phone # _____ Call # _____
Insurance Company _____ Policy # _____ Group # _____
Known Allergies _____
Specify Reactions _____
Treatment _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatments, x-ray examinations and immunizations for the above named player. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named player may be given. Permission is also granted to the Certified Athletic Trainer to provide the needed emergency treatment prior to the player's admissions to the medical facilities.

Parent/Guardian Signature _____

Date _____

WAIVER OF LIABILITY: In signing this application, I/my parent or guardian, release the Badger State Lacrosse Camp, Lacrosse America and any other associated parties, including but not limited to coaches, umpires, employees, and independent contractors from any claims or responsibility for injuries suffered while participating in the league. I understand that lacrosse is an inherently dangerous sport with a risk for severe injury or even death, and I knowingly assume all risks associated with my participation, even if arising from the negligence of the participants or others, and assume FULL responsibility for my participation. I certify that I am in good physical condition and can participate in The Badger State Lacrosse Camp. Further, I authorize the site director to request medical treatment as necessary to insure my well being.

Parent Guardian Name _____

Parent/Guardian Signature _____

Date _____

OFFICE USE ONLY: Date Recd _____ Check # _____ Cash _____ Paid In Full _____ Balance Due _____
Other _____ E-mail List _____ Mailing List _____ Data List _____ Confirm Letter _____

For more information please visit: www.lacrosseamerica.com

CAMP MISSION

It is our goal to provide superior lacrosse instruction in a safe learning environment where campers of all experience levels can develop their skills and knowledge of lacrosse. Our objective is to increase each players skills, knowledge and confidence so they will be able to take their game to the next level. This will be accomplished through individual and small group instruction from an experienced staff of NCAA College Coaches.

CAMP FIELD DIRECTOR

JOE ALBERICI. Head Coach United States Military Academy at West Point, Assistant Coach of the 2010 U.S. National Lacrosse Team, former Associate Head Coach at 2005 National Champion runner-up Duke University. In his 9 years at Duke, Joe spent time as both the offensive and defensive coordinators and as goalies coach. As a player Joe was a two time All-American at Alfred University.

FEATURING

JASON ALBERICI. Camp Director, over 14 years coaching lacrosse at the college, high school and youth levels. Played at the University of Albany.

TAYLOR WRAY. Assistant Coach Lehigh University, former coach at Queen University. Played at Duke University, as a pro in NLL, and internationally with 2006 Team Canada who won the World Championships

BEN WINEBURG. Head Coach Brockport College, former assistant at Nazareth College. As a player Ben was a two-time All-American goalie, was named the Division III Player of the Year and was the MVP of the national championship game while leading Nazareth College.

AL BROWN. Current Head Coach at Portsmouth Abbey School in RI, former Head Coach at Bates College in ME and Alfred University in NY where he was the DIII Coach of the Year.

DAVE NEFF. Head Coach Carthage College

BILL GERRISH. Coach Mater Dei School, Maryland. Former Duke University player.

JOHN WALKER. 2X All-American Attackman from Army.

RICK LEWIS. Select, high school and youth coach in Metro Atlanta. Rick has over 15 years coaching experience. As a player Rick was a two time All-American Defenseman at Rutgers University.

PAT SHEA. Program Manager Lacrosse America and coach at Regents High School. As a player had an outstanding career at Vermont College.

ROBIN BUCKLEY. President Wisconsin Lacrosse Federation, President Milwaukee Area Youth Lacrosse. Milwaukee youth coach.

Plus other college, high school and youth coaches from around the country!

GOALIE MINI CAMP

Ben Wineburg will be the director of the Goalie Mini Camp. The camp will give goalies 3 additional sessions of intense goalie specific training. Campers will check in at 1pm on Saturday, July 25, and have two sessions on Saturday, followed by a Sunday morning session. Goalies will then join the rest of the camp for the remaining time.

CAMP FEATURES

- Daily Teaching Station / Playing Time
- Specialist Stations (Face Off, Shooting, Etc.)
- Individual / Small Group Instruction
- Certified Trainers
- Camp Store
- Stick Stringing Seminar
- Swimming Pool / Nightly Activities

DAILY SCHEDULE

- 7:15am Wake Up
- 7:30am Breakfast
- 9:00 – 11:15am Morning Session
- 12:00pm Lunch and Free Time
- 1:30 – 3:45pm Afternoon Session
- 4:00pm Swimming / Free Time
- 5:00pm Dinner
- 6:30 – 8:30pm Evening Session-Games
- 9:00pm Camp Store Open / Free Time
- 10:45pm Campers in Rooms

EQUIPMENT

Campers are expected to bring their own equipment: stick, helmet, gloves, shoulder pads, arm pads, mouthguard and cleats. Lacrosse America will provide free loaner equipment to all campers who do not own their own. Please email us with a request by July 19th. Campers must also provide their own towels, swim-gear, toiletries, and appropriate bedding (pillow, sheets, comforter, fan, etc.).

CAMP RULES

Smoking, use of illegal drugs and alcohol are prohibited. Campers driving to camp will not be permitted to leave the facility and must turn in their keys to the Director. The Director reserves the right to send home, at the parents expense, any camper or group of campers whose behavior is deemed disruptive to the best interest of the camp community.

FOR MORE INFORMATION

For more information about this camp and lacrosse in Wisconsin, please visit: www.lacrosseamerica.com

Lacrosse America, Badger State Camp
600A Waukegan Road, Suite 118, Northbrook, IL 60062
Phone: 847-412-5529 Fax: 847-412-5528
Email: badgerstatelacrosse@lacrosseamerica.com

BADGER STATE LACROSSE CAMP

PRESENTED BY LACROSSE AMERICA

REGISTRATION FORM

Please mail this completed form with two separate checks payable to: Lacrosse America, 600A Waukegan Road, Suite 118, Northbrook, IL 60062 OR if paying by Credit Card, fax form to 847-412-5528. Visit lacrosseamerica.com to register on-line.

Players Name _____	Position _____	State _____	Zip _____
DOB ____/____/____	Fall '09 Grade _____	School _____	City _____
Address _____	Parents Cell Phone _____	Roommate (Choose One) _____	Roommate (Choose One) _____
Home Phone _____	Parents Email _____	Roommate (Choose One) _____	Roommate (Choose One) _____
Parent's Names _____	Player's Email _____	Roommate (Choose One) _____	Roommate (Choose One) _____
Parent's Email _____	Card Number _____	Roommate (Choose One) _____	Roommate (Choose One) _____

All communication will be via email. Please print email addresses clearly.

Camp Cost:	\$485.00	Includes room & board, recreational facilities and reversible jersey. (Checks made payable to Lacrosse America*)
	\$385.00	Extended Day Camper option, includes recreational facilities, reversible jersey, lunch and dinner.
	\$200.00	Non refundable deposit-must be submitted with camp application. Balance due by 7/1/09
	\$50.00	Key deposit (required with deposit, separate check please) for overnight campers. Refundable upon return of key.
	\$115.00	Goalie Camp

MasterCard VISA Discover 3-digit Security Code _____

Exp. Date ____/____/____ Signature _____

*There will be NO refunds once camp begins. here will be an additional \$25 fee charged for returned checks.