

## JUNIOR LACROSSE CAMP 2010

When: Session 1 - June 1, 2, 3 (Tuesday, Wednesday, Thursday)  
Session 2 - June 7, 9, 10 (Monday, Wednesday, Thursday)  
Session 3 - June 14, 16, 17 (Monday, Wednesday, Thursday)  
(all sessions are from 9-12:30, and campers should bring their own lunches)

Where: 4417 Howell Place

Price: \$25 per day or \$70 per session

Ages: rising 1<sup>st</sup> through 6<sup>th</sup> grade

No equipment is required for the camp other than a stick which can be borrowed or bought for around \$20 at most sporting goods stores. Anyone who has pads is welcome to bring them, however!

The counselors will teach future lacrosse stars basic stick skills and knowledge of the game, along with many fun drills, activities, and scrimmages. For returning campers, fundamentals taught last year will be reviewed and new, more advanced techniques will be taught as well. Also, great prizes will be awarded to the hard-working campers who demonstrate enthusiasm, skill, and sportsmanship.



If you have any questions, please contact:

Augie Houghton – 615.613.4604 / [houghta@montgomerybell.edu](mailto:houghta@montgomerybell.edu)

Mac Hudson – 615.665.8992 / / [josephmudson@gmail.com](mailto:josephmudson@gmail.com)

Gray Curtis – 615.830.5309 / [curtisg1@fc.montgomerybell.edu](mailto:curtisg1@fc.montgomerybell.edu)

\*\*A counselor's parent will be present each day of the camp.

For any equipment needs, go to Lacrosse Nashville (Franklin Rd.) at  
<http://lacrossenashville.com/>.

**YES!** My child would like to attend the Junior Lacrosse Summer Camp 2010.

Name(s) and age(s) of child(ren):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's name:

\_\_\_\_\_

Email address:

\_\_\_\_\_

Home phone and Cell phone #

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Emergency Contact: (name and number)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Session(s) child will attend:

\_\_\_\_\_

Amount enclosed:

\_\_\_\_\_

Please return form and a check payable to:

Gray Curtis

4417 Howell Place

Nashville, TN 37205

Thank you for your participation!

**JUNIOR SUMMER LACROSSE CAMP- 2010  
RELEASE FORM**

I, \_\_\_\_\_, HEREBY AUTHORIZE MY CHILD(REN)  
\_\_\_\_\_, TO PLAY LACROSSE AT SUMMER JUNIOR  
LACROSSE CAMP HELD ON MAY 31, JUNE 2, 3 AND/OR JUNE 7, 9, 10 AND/OR  
JUNE 14, 16, 17 2010. IN THE EVENT OF INJURY, NEITHER SUMMER JUNIOR  
LACROSSE CAMP NOR THE CURTIS FAMILY, HUDSON FAMILY,  
HOUGHTON FAMILY, NOR MR. AND MRS. TOM FOUCE WILL BE HELD LIABLE FOR  
ANY INJURY CONCERNING MY CHILD(REN).

SIGNATURE-PARENT OR GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

CONTACT PERSON IN CASE OF AN EMERGENCY AND PARENT CANNOT BE  
REACHED

\_\_\_\_\_

EMERGENCY TELEPHONE NUMBER(S)

HOME:

\_\_\_\_\_

CELL:

\_\_\_\_\_

**PLEASE LET US KNOW OF ANY MEDICAL CONDITIONS AND/ OR FOOD  
ALLERGIES. WE WILL BE PROVIDING DRINKS AND SNACKS FOR THE  
CAMPERS.**