

2009 CARDINAL GIBBONS HIGH SCHOOL

Arrowhead Lacrosse Clinic

Limited to 50 Campers!

June 26, 27, and 28th

Friday, and Saturday 1:00 pm - 5:00 pm

Sunday 1:00 pm – 5:00 pm (team tournament / awards)

Rising 7th - 12th graders only

Cardinal Gibbons High School

2900 NE 47 Street, Ft. Lauderdale, FL

Price - \$190 per Camper (*if registered by June 22nd \$200 after the 22nd*)

Please mail registration form and payment to:

Shawn Grimmer

9591 Santa Rosa Drive

Tamarac, FL. 33321

All checks payable to Cardinal Gibbons High School

Each Camper Receives:

- Camp Water bottle and Lanyard
- Camp T-shirt
- Camp Reversible
- Coaches Evaluation
- Customized Off-season Workout Schedule

Clinic Schedule:

1:00 - 1:15 – Stretching

1:15 - 1:30 – Passing drills

1:30 - 2:30 – Individual skill station work

2:30 - 3:30 – Game scenario drills

3:30 - 4:00 – Break with presentation on the sport of lacrosse

4:00 - 5:00 – Scrimmage

Key Objectives:

Passing, Shooting, Dodging, Defensive Positioning, Defensive Checking, & Offensive /
Defensive strategy / Lots of playing time!

Staff will be comprised of CGHS coaches and collegiate level players. Medical staff on-site.
Campers will be required to bring their own stick, helmet, gloves, pads, cup, and mouthpiece.

Camp Highlights:

- Concession Stand On Site
- Parents Viewing Area
- Daily Raffle



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Contact Shawn Grimmer at arrowheadlax@aol.com for more information.

Registration Form

Insurance Information:

I hereby give my son permission to attend this summer lacrosse clinic. I understand this clinic involves physical activity, which contains risk of possible injury. I hereby release this clinic, Shawn Grimmer and his staff, as well as Cardinal Gibbons High School and the Archdiocese of Miami from all liabilities incurred while traveling to, attending, or returning from this camp.

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Name **Birth Date** **Age**

+++++
Address **City** **State** **Zip**

+++++
Home Phone Number **Cell Phone**

+++++
E-mail Address **Lacrosse Experience** **School Grade**

+++++
PRINT NAME of Parent/Guardian

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SIGNATURE of Parent/Guardian Date

In Case of Emergency Please Contact:
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Medical Alerts:
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