

CAPITALLAND LACROSSE AND FIELD HOCKEY

CO-PRESIDENTS - GARY R. WEISS
CHAD C. FINCK

7 AZALEA COURT
CLIFTON PARK, NY 12065

Web site – capitallandlacrosse.com
E-mail - chad@capitallandlacrosse.com

PH. 527-1340
PH. 527-6110

BOYS PRESEASON INDOOR WINTER LACROSSE JANUARY & FEBRUARY OF 2012 ARE YOU READY FOR TRYOUTS?

Name _____ Email-please **PRINT** _____ Grade level _____

Address _____ City _____ Zip Code _____ Experience _____
Phone _____ Emer. Phone _____ Position _____ Are you new to the Capitalland? **Yes No**

CLL is running multiple indoor lax programs ranging from leagues to skills & drills training this January & February at the Sportsplex in Halfmoon on Thursdays evenings from 1/5/12 to 2/16. **Our league programs are listed below & our skill & drills instructional programs are on the next page.**

REGISTRATION & PLAYING DATES: Our programs will be held on Thursday night starting 1/5/12 ending 2/16. We will be accepting registrations by mail at the address listed above. All checks are to be made out to Capitalland Lacrosse. We will also be accepting applications ½ hour prior to each scheduled session as long as spots are available. A player should choose a level based on age & skill. Advanced players can “play up”. We do not confirm enrollment. If you have sent in your form you are in. Please show up the first night about 20 min. early to all programs to check in. All programs will be held on the turf fields at the Sportsplex of Halfmoon. Directions are on the other side of this form.

THE COST for each player is \$155 when signing up to play by 12/30/11 & \$165 after that date. The fee for a player to sign up for our league and our instructional program is \$290 if signing up before 12/30/11 & \$310 after that date. ***A team discount is available for our leagues for a fee of \$2,170 for any team that wants join with 12 to 16 players.** Each coach of a team that wants to take this option must contact Chad at www.chad@capitallandlacrosse.com. Players can play in both our league and instructional programs as the times will not conflict. **We do have a play/pay per night program** for our instructional programs only for \$25 a session. No pay per night players will be allowed in our leagues. A \$30 non-refundable deposit is included in all of our fees.

EQUIPMENT – will be available to rent for the season on the first night for a small fee. A security deposit is required that will be given back when the equipment is returned. All players need a mouth piece which we will have available for \$3 if one is needed. All boys programs except the Co-ed learn to play program which only needs a stick, will need the following equipment: a stick, helmet, gloves, arm pads, and shoulder pads.

BOYS LACROSSE LEAGUES

Players can play in both our league & our skills & drills instructional programs as the times will not conflict

These programs are fully run leagues with qualified referees, & a CLL representative at every game. The **league format of play** will include weekly divisional play. Records will be kept. A playoff tournament will be held after the regular session league games conclude. **A player could join our leagues by doing the following:** **A full team can be formed by** having a school team form together as one team. **A partial team can be formed by** having a group of players from a school team forming together making a partial team. This group of players will be put on a team with other players. **An individual player can sign up as a free agent** & all free agents will be placed with other players from their school on our Capitalland Clubs' home team. **All league players will be notified by 1/3/12 as to what team they are on and what time they will play the first night.** Notification of **the league schedule** will be handed out on opening night and will appear on our web site capitallandlacrosse.com by 1/10 at 6 pm. **These leagues coupled with our Skills & drills programs listed on the other side of this form offers a player a comprehensive experience of live game experience & the skills & drills training that they will need to make their team in the spring.** These programs are run at different times so a player could participate in both.

***A team discount is available for our leagues for a fee of \$2,170 for any team that wants join with 12 to 16 players.** Each coach of a team that wants to take this option must contact Chad at www.chad@capitallandlacrosse.com.

Please place a check mark in the O of the program below you would like to join.

- BOYS MODIFIED LEAGUE GRADES 5-8** with 5th graders having 2 or more years of experience. Starting times will rotate between 6 and 8 pm with a game possible at 5 pm.
- BOYS FRESHMAN & JV LEAGUE GRADES 8-10** for any boy who will be trying out for their JV or freshman team in the spring. This includes 8th graders having 2 or more years of experience. Starting times will rotate between 6 and 8 pm with a game possible at 5 or 9 pm.
- BOYS VARSITY LEAGUE** for boys trying out for varsity teams. Starting times will be rotate between 5 and 9 pm. with the possibility of a game starting at 4 or 10.

LIST YOUR TEAM OR SCHOOLS NAME _____ **CIRCLE ONE** - Full team member or *Partial team member or Free agent.

*If you selected the partial team member, please list the other team members and their positions on a piece of paper and send it with this form.

LEAGUE NOTES - **Jersey's** - each player will receive an official game pinnie on the first night. The **format of play** will be an 8 vs. 8 games, which includes the goalie. Each game will have two 22-minute running halves with a five-minute half time. **Number of players** - Since players do miss games because of sickness, vacations ... each team will have sixteen players on their rosters. If a team does not have 16 players on a team Capitalland could add players to reach that number. **Coaching** - anyone over the age of twenty-one can be a coach.

SKILLS & DRILLS INSTRUCTIONAL PROGRAMS ARE ON THE BACK

BREAKAWAY SPORTS AND BRINE / WARRIOR ARE OFFICIAL SPONSORS OF CAPITALLAND LACROSSE

LEAGUE PROGRAMS ARE LISTED ON THE OTHER SIDE

SKILLS & DRILLS INSTRUCTIONAL PROGRAMS

These programs highlight our expert coaching staff's ability to teach the advanced, intermediate, novice & beginner players the right way to play lacrosse. Our coaches will use the same skills, drills & live scrimmages that they have used to mold numerous all league & all American lax players in the past. **These skills & drills programs coupled with our leagues listed on the other side of this form offers our players a comprehensive experience of live game experience & the skills & drills training that every players needs to make their team in the spring.** These programs are run at different times then our leagues so a player could participate in both.

DATES & STARTING TIMES: These programs will be held on Thursday starting 1/5/12 ending 2/16. Starting times are listed next to each program. These times may vary slightly after the first week. If this happens everyone will be notified. **EQUIPMENT NEEDS ARE LISTED ON THE FRONT PAGE.**

THE COST OF THE INSTRUCTION for each player is \$155 when signing up to play by 12/30/11 & \$165 after that date. The fee for a player to sign up for our instructional program and our league is \$290 if signing up before 12/30/11 & \$310 after that date. **WE DO ALLOW PAY PER NIGHT PLAYERS IN THESE PROGRAMS FOR \$25 A NIGHT.** A \$30 non-refundable deposit is included in all of our fees.

Please place a check mark in the O of the program below you would like to join.

- O **COACHES CORNER ADVANCED SKILLS & DRILLS GRADES 5 – 9.** This program has varsity-level coaches recreate a set of advanced-level practices full of skills & drills that intermediate & advanced players need to be successful at the next level. Each week players will be divided by position (Goalies, Defense, Middies and Attack) and taught; POSITION specific drills, along with full field transition skills. This training session takes your game to the next level! Intermediate level 10th graders are welcome to join. **This program will play from 7 to 8 pm. Players can participate in this level & play in our league as the times will not conflict.**
- O **NOVICE & BEGINNER GRADES 6-10 LEVEL.** This level is for players who need to sharpen their basic skills while being introduced to more advanced techniques that they will need in order to make their schools modified, freshman or junior varsity teams in the spring. **This program will play from 6 to 7 pm. Novice players can participate in this level & play in our league as the times should not conflict.**
- O **BOYS FULL-EQUIPMENT YOUTH LEVEL (GRADES 2-5):** This program is for the beginner, novice, and advanced level player who wants to work on their basic skills while being introduced to more advance skills. This program has the goal of advancing a players ability in a fun environment while concentrating on skill development that will boost their confidence in their abilities to play the game of lacrosse. All beginners will be grouped together & be given separate quality instruction. **This program will play from 6 to 7 pm.**
- O **CO-ED BEGINNER LACROSSE (STICKS ONLY) K-5.** This program is for the beginners & is set in fun, hands on positive environment. Just right for those who want to try the lacrosse. We will be using a puffball & no contact is aloud. **THE EMPHASIS IS ON FUN.** **This program will play from 6 to 7 pm.**

GAME SITE: The Sportsplex of Halfmoon is located off exit 8A of the Northway. Head East off the exit until you reach Rt 9. Turn left and go about two miles. The Sportsplex is on the left behind the Soccer Unlimited Store on Corporate Drive. Enter Corporate Drive at the sign for Pai's Tae-Kwon-Doe.

REGISTRATION: Pre-registration by mail, Capitalland Field Hockey, 7 Azalea Ct. Clifton Park, NY 12065. Please make check out to Capitalland Lacrosse. Registrations will also be accepted ½ hour prior to each scheduled session as long as space is available.

BAD WEATHER: If weather conditions are threatening, please contact 527-1340 or 527-6110 one hour before play begins to see if lax is still on.

MEDICAL TREATMENT AUTHORIZATION - PLAYERS NAME _____ I/We, being the legal parent(s) / guardian (s) of the applicant, do hereby authorize Capitalland Lacrosse Club, Inc. & it's duly authorized agent(s) permission to request medical treatment, as necessary, to assure the well-being of our child. PARENT/GUARDIAN'S SIGNATURE- _____

MEDICAL INFORMATION SECTION (To be completed by a parent or guardian)

As stated on our Insurance Waiver forms, there always is a risk that injury (ies) or various physical/emotional conditions may result in a need for medical attention. To help the coaches & staff better monitor & respond to these possibilities, please describe any restriction(s) that may apply, & any medication needs that require our attention.

RESTRICTIONS: _____ MEDICAL NEEDS: _____

Coverage for accidental injury is required for all participants. Your family health plan is your level of protection. Our insurance contract allows no one to play in a Capitalland program until proof is provided and both waiver and release forms are completed.

FAMILY HEALTH INSURANCE COMPANY

HEALTH INSURANCE POLICY NUMBER

You are engaging in a physically strenuous sporting activity that can result in physical contact and unintended injury. As the parent(s) / guardian (s) of the applicant in the Capitalland Lacrosse program I agree to, waive, discharge & covenant not to sue the Capitalland Lacrosse Club, Inc., their affiliated clubs, their respective administrators, participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the events, all of which are hereinafter referred to as "releases:, from any and all LIABILITY to each of the undersigned, his or her heirs and next of kin for any & all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise. I HAVE READ THE ABOVE WAIVER & RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

(Signature parent / guardian) _____ (Printed Name of parent / guardian) _____