

# CAPITAL LAND LACROSSE AND FIELD HOCKEY

CO-PRESIDENTS - GARY R. WEISS

7 AZALEA COURT

Web site – [capitallandlacrosse.com](http://capitallandlacrosse.com)

PH. 527-1340

CHAD C. FINCK

CLIFTON PARK, NY 12065

E-mail - [chad@capitallandlacrosse.com](mailto:chad@capitallandlacrosse.com)

PH. 527-6110

## GIRLS PRESEASON INDOOR WINTER LACROSSE JANUARY & FEBRUARY OF 2011 ARE YOU READY FOR TRYOUTS?

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of birth \_\_\_\_\_ Grade level \_\_\_\_\_ School/Group Name \_\_\_\_\_ Position \_\_\_\_\_

Phone \_\_\_\_\_ Emer. Phone \_\_\_\_\_ Experience \_\_\_\_\_ Are you new to the Capital Land Program? Yes No

**Please list E-mail address here:** \_\_\_\_\_

The Capitalland Lacrosse Club is running an indoor winter girl's lacrosse program during January and February on the turf fields of the Sportsplex in Halfmoon on Thursdays nights from 1/6/11 to 2/17. We will be offering a varsity league for all girls who will try out for their schools team in the spring and for advanced JV players and separate instructional programs for the advanced players grades 9 – 12<sup>th</sup>, as well as one for the beginner and novice players grade 5–11, and a coed – K – 5<sup>th</sup> stick only learn to play instructional program. A player should choose a level based on age and skill. Advanced players can "play up". We will accept registrations by mail at 7 Azalea court Clifton Park NY 12065 & at the Sportsplex ½ hour prior to each session as long room is available. **Place a check mark in the 0 below & circle the team membership you would like.**

## GIRLS LACROSSE LEAGUE

- GIRLS VARSITY GRADES 10 – 12<sup>th</sup> & WOMEN'S OPEN LEAGUE** is for women out of high school and for girls who will be trying out for their varsity teams in the spring as well as advanced JV level players. The **league format of play** will include weekly divisional play. Records will be kept. A playoff tournament will be held after the regular session concludes. More league info. is on the back of this form.

**LIST YOUR TEAM OR SCHOOLS NAME** \_\_\_\_\_ **CIRCLE ONE** - Full team member or \*Partial team member or Free agent.  
\*Please list other team members and their positions if you selected a partial team. If you are traveling a distance let me know so I can limit the early games.

**DATES & STARTING TIMES:** Our league will be held on Thursday night starting 1/6/11 ending 2/17/11. Starting times will be rotate between 5 or 8 pm. with the possibility of a game starting at 4 or 9. Each player will be contacted by phone or by E-mail as to what team they are on and what time they will play the first night, 1/6/11. This contact will be no later than 1/4. Notification of **the league schedule** will be handed out on opening night and will appear on our web site [capitallandlacrosse.com](http://capitallandlacrosse.com) by 1/11 at 6 pm.

**THE COST OF THE LEAGUE** for each player is \$155 when signing up to play by 12/30/10 & \$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 12/30/10 & \$310 after that date. Our instructional programs and the league will not conflict so a player could sign up to play in both. Players who want to be taught skills to improve their game should sign up for the instructional program we offer that is listed below. **No pay per night players will be allowed in our leagues.** A \$30 non-refundable deposit is included in all of our fees.

## INSTRUCTIONAL LACROSSE PROGRAMS

These programs highlight our expert coaching staff's ability to teach the advanced, novice and beginner lacrosse players the right way to play lacrosse. Our coaches will use the same skills, drills and live scrimmages that they have used to mold numerous all league and all American lacrosse players in the past. **These programs are just what a player needs to develop the skills they need to make and start on their schools team.** Players will be assigned to groups based on their age & skill level. Advanced players can "play up". Our instructional programs and the league will not conflict so a player could sign up to play in both. Please check the appreciate 0 below.

- ADVANCED SKILLS PROGRAM grades 9– 12th:** This program is for the intermediate & advanced skill players who have been playing lacrosse for a while. These players want to refine their skills while being introduced to advanced techniques. \*A player could do this & play in the league as times will not conflict.
- BEGINNER AND NOVICE PROGRAM grades 4 – 10th:** This program is for girls who are novice or beginning lacrosse 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 teams.
- CO-ED BEGINNER LACROSSE (STICKS ONLY) K-5.** This program is for those players who are just starting out and want to learn the basics of the game of lacrosse in a fun atmosphere. We will be using a puffball and no contact is aloud. **THE EMPHASIS IS ON FUN.**

**DATES & STARTING TIMES:** These programs will be held on Thursday nights starting 1/6/11 ending 2/17/11. Starting times will be 7 to 8 pm for all groups EXCEPT the K – 5<sup>th</sup> beginner group will be 6 to 7 pm.

**THE COST OF THE INSTRUCTION** for each player is \$155 when signing up to play by 12/30/10 & \$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 12/30/10 & \$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.

**Contact us:** E-mail us at [Chad@capitallandlacrosse.com](mailto:Chad@capitallandlacrosse.com) if you have any questions or to be added to our e-mail list for information on our winter, summer & fall programs. Check us out online at [Capitallandlacrosse.com](http://Capitallandlacrosse.com) where you can download our forms.

**Game site:** The Sportsplex of Halfmoon is located off exit 8A of the Northway. Head East off the exit until you reach Route 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.

**Equipment:** Players must wear personal equipment mandated by high school lacrosse regulations; that includes a stick and goggles. There will be requisite equipment available for rent by any person in need. Cleats can be worn as long as they have no metal parts to them.

**Registration:** Pre-registration by mail, Capitalland Lacrosse, 7 Azalea Ct. Clifton Park, NY 12065 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, contact 527-1340 or 527-6110 one hour before play is to begin to see if lacrosse is still on.

\*LEAGUE NOTES - Each game will be refereed by a qualified referee and supervised by a CLL representative. **A team can be formed by any of the following means: A local high school or youth team can form together as one team. A group from a local high school or youth team can form together making a partial team.** This group of players will be put on a team with another group of players. All players from each school or youth team will be placed on the same team unless it is impossible because of the position of the players or because it conflicts with the league structure. **An individual player can sign up as a free agent.** Free agents will be placed on a partial team or on the Capitalland Clubs' home team. A Capitalland representative will coach this team. 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 ... a full team is at least sixteen players and a maximum of eighteen. If a team does not have 16 players on a team Capitalland could add players to reach the 18 number. **Coaching** - anyone over the age of twenty-one can be a coach of a team. If a group of players do not have a coach, a representative from Capitalland Lacrosse will coach the team. **Jersey's** - each player will receive an official game pinnie on the first night.

#### OTHER CLL WINTER ACTIVITIES

**\*The following programs will be held on Thursday nights at the SPORTSPLEX in Halfmoon.\***

**GIRL'S FIELD HOCKEY INDOOR COMPETITIVE LEAGUE** - This competitive league will consist of teams that will compete in a league format at the varsity level.

**GIRL'S FIELD HOCKEY INSTRUCTIONAL PROGRAM** for beginners and novice players. This instructional program will feature instruction and scrimmages for grades 2 through 12. Players will be assigned to groups based on their age and skill level.

**BOY'S LACROSSE INDOOR COMPETITIVE LEAGUE** - This competitive league will consist of teams that will compete in a league format. Junior high and high school leagues will be available.

**BOYS LACROSSE INSTRUCTIONAL PROGRAM** for beginners and novice players. This instructional program will feature instruction and scrimmages for grades 2 through 12. Players will be assigned to groups based on their age and skill level.

**CO-ED KINDERGARTEN THROUGH FIFTH GRADE NON-CONTACT** stick only program. This is for those players who are just starting out and want to learn the basics.

**MEN'S INDOOR COMPETITIVE LEAGUE** - This competitive league will consist of teams that will compete in a league format.

#### 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) \_\_\_\_\_