

Maverick Lacrosse Camp 2010

At Cross Farm Fields
Holmdel, New Jersey



MAVERICK LACROSSE LEAGUE

July 19-22 5pm-8pm

**Lacrosse Camp for Boys
K-8th grade of ALL Ability
and Experience Levels**

Coach Guastella is involved in several other lacrosse related activities. He will be coaching an elite boys H.S. travel team this summer for **360 Lacrosse**.

www.360lacrosse.net

He provides small group lacrosse training during the fall and winter through his **Hooplax Training Company**.

www.hooplax.com

Please feel free to contact him with any questions you might have regarding the camp or other lacrosse related issues at 732-241-1914 or by email:

guastella@comcast.net

Players Must Bring Their Own:

Lacrosse Stick	Arm Pads
Helmet	Shoulder Pads
Water Bottle	Cleats
Gloves	Mouth Guard
Athletic Supporter and cup	

Water will be provided

ABOUT THE CAMP:

The goal of the Mavericks Lacrosse Camp is to provide high quality instruction to all participants, regardless of their experience level. We can teach the basics to new players and help experienced players fine-tune their skills. There will be individual and small group skill sessions as well as team play. The camp will be fun, informative and competitive.

ABOUT THE DIRECTOR:

Coach Sal Guastella is the Head Lacrosse Coach at Holmdel H.S. Certified Teacher. He played High School lacrosse on Long Island at Farmingdale H.S, one of the premier programs in the area. He was a top 10 scorer in D3 for Montclair State University and has been coaching at the youth and High School levels for over 10 years.

ABOUT THE INSTRUCTORS:

Coach Ryan Eichner: Head Coach at RBC and the director of 360 Lacrosse. 2008 Shore Conference Coach of the Year. Certified Teacher. Outstanding HS lacrosse career at Bridgewater-Raritan.

Coach Mark Alter: Has built a tremendous program as head coach at RBR. Certified Teacher.

Coach Tuck Isherwood: Helped build the RFH youth program into one of the best in the state. Certified Teacher. Holmdel HS Assistant Coach.

Coach Frank Finochio: Great coaching experience at Lakeland-Panas HS in New York. Defensive Coordinator at Holmdel HS. Certified Teacher.

COST: \$195.00 if registered by June 1st.
\$225 from June 2nd – July 15th

Please register on line at:
www.eteamz.com/mavlax/

(OR)

Register by mail by completing and signing the attached form with a check made out to **Mavericks Lacrosse** and sending it to:
Coach Guastella
79 East Wilson Circle
Red Bank NJ 07701
You must include a US Lacrosse number! You can receive a number by going to: www.uslacrosse.org and registering your son.

Application (detach and mail)

Campers Name

Address

Best Email address:

Parents Cell Phone #s

Grade in September

Experience level: Low Med High

US Lacrosse # (MUST INCLUDE!)

MEDICAL INFORMATION AND RELEASE

Recognizing the possibility of physical injury associated with lacrosse and in consideration for the Colts Neck Lacrosse League (“CNLL”) accepting the above named player (“the Player”) for its lacrosse program and activities (“the Program”), I hereby release, discharge and/or otherwise agree to hold harmless and indemnify CNLL, its affiliated organizations and sponsors, its officers, board members, coaches, volunteers, assistants, players, and other associated personnel, including the owners of fields and facilities utilized for the Program, against any claim by on or on behalf of the Player related to the Player’s participation in

the Program and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Program.

Furthermore, I grant any CNLL coach or assistant coach, any league representative where my child is playing, and/or any tournament representative where my child is participating in a tournament permission to act as my surrogate for my child in the area of obtaining medical treatment. I also assume the financial responsibility for any medical treatment to my child.

I assume full responsibility to promptly notify CNLL regarding any changes to the medical information provided above.

I assume full responsibility for making sure my child’s lacrosse equipment is in compliance with the rules and regulations of US Lacrosse Association.

I CERTIFY THAT I HAVE READ THIS RELEASE AND LIABILITY WAIVER AND FULLY UNDERSTAND ITS TERMS.

Print Name of Parent/Guardian

Sign

Date