

**PLEASE PRINT CLEARLY  
USE ONE FORM PER CAMPER**

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Grade \_\_\_\_\_

School \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email (used for confirmation)

\_\_\_\_\_

Check one:

\_\_\_\_\_ Boys Grade 1 - 8, February 15, 2010

\_\_\_\_\_ Boys Grade 9 - 12, February 15, 2010

Cost:  
\$75

Balance due the first day of camp!

Sending in payment is only way to guarantee a spot

Checks made payable to NOSTRANT, INC.

Call Mark Petrone for info @ 610-642-4583, x.1394 or  
email mpetrone@haverford.org

**PLEASE COMPLETE BOTH SIDES OF APPLICATION!**

Mail application and \$25 deposit to:

Nostrant, Inc.  
875 Buck Lane  
Haverford, PA 19041

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875 Buck Lane  
Haverford, PA 19041

# **PRESIDENT'S DAY LACROSSE CLINIC**

**@ The Haverford School  
450 Lancaster Avenue  
Haverford, PA 19041**



**LACROSSEFEVER.COM**

**Monday, February 15, 2010  
Weather Permitting on Outdoor Turf**

**Grades 1 - 8  
9:00 am to 12:00 pm**

**Grades 9 - 12  
1:00 pm to 4:00 pm**

**SPONSORED BY  
GOLD MEDAL LACROSSE RECRUITING**

## PRESEASON TUNE-UP

Are you ready for this season yet? Looking for something FUN to do on your day off from school?? Looking to get started early for this year? Ready to get the stick back into your hands?

Come out to the President’s Day Lacrosse Clinic hosted at The Haverford School and work on:

- Fundamentals work - Shooting, Passing, Ground Balls
- Position specific instruction, demonstrations, drills for Attack, Midfield, Defense, Goalie
- Dodging
- Face-Offs
- Defensive Checking
- Goalie Technique
- Wall Ball and Cross-Field Passing

This is a great opportunity to learn from the BEST and to get you and your teammates tuned up for your spring season!

Players will enhance their fundamental skills through drills taught by our experienced staff. Many of these drills can be practiced either alone or with a friend, so players can continue to sharpen their skills at home.

Players will be grouped by age and ability.

The Preseason Training Session promises to improve your individual stick work, agility, shooting skills and confidence within the game. This session will also offer you the opportunity to sharpen your team play in small-sided and full-field games while being coached by the best!

This 3 Hour preseason clinic will include

- Basic Skill Instruction
- Multiple Drill Stations (including shooting, dodging, 1v1 O and D, and more)
- Game Situations/Scrimmage

## PHILOSOPHY

The goal of the clinic is to bring the player intense and refreshing lessons on many aspects of the game from the top players and coaches in the game today. Come and get ready for the season! Our focus will be stickwork, shooting repertoire, offensive moves and defensive footwork. We will help get all players ready for their Spring Season with drills and games.

The clinic focus more on individual teaching than contact and checking however, players are required to bring their own lacrosse helmet, gloves, arm guards, shoulder pads, mouthguard, stick, and cleats for the session.

Goalies are welcome for all sessions as goalie specific coaches will be teaching in each of the clinics.

Don’t waste time, charge up your game today.

Spots are NOT reserved and are taken on a first come, first serve basis.

### FACILITY!

- ☆ Safe, secure campus
- ☆ Full-time certified medical staff
- ☆ Experienced teaching staff
- ☆ Three turf fields

**John Nostrant Lacrosse Camps**  
**Also Sponsored by**

**COMPETITIVE EDGE**  
**WAYNE, PA**



**LACROSSEFEVER.COM**

## WAIVER/MEDICAL

This form grants permission to your child’s coach or coaches to obtain medical/dental treatment for your child should an injury occur under the supervision of the coaches. My signature below authorizes my permission as a parent/guardian of (name) \_\_\_\_\_, a minor for whom I have legal custody, for the holder of this form to obtain medical or dental care for the above named minor as needed in my absence from a recognized medical facility and/or licensed physician or dentist.

### MEDICAL INFORMATION FOR ABOVE-NAMED MINOR

Existing medical problems, including allergies

\_\_\_\_\_

\_\_\_\_\_

Medicine child is currently taking

\_\_\_\_\_

\_\_\_\_\_

Child’s Physician \_\_\_\_\_

Phone number \_\_\_\_\_

Insurance Company \_\_\_\_\_

ID # \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

I understand The Haverford School, NOSTRANT, INC. camp directors and counselors will not assume any responsibility for accidents and/or medical or dental expenses received as a result of participation in the camp. I understand that should my child be dismissed from camp, no part of my tuition will be reimbursed for late arrival or early departure. I have carefully read all of the information in this application form and agree to all conditions stated.

SIGN \_\_\_\_\_

DATE \_\_\_\_\_

**Premiere outdoor Nexturf...Weather Permitting... Check LacrosseFever.com for Weather Updates**