



SAINT JOSEPH'S UNIVERSITY MEN'S LACROSSE
Presents
The Hawk Hill Experience

Age Groups: Rising 7th and 8th grade players

Dates and Time: June 19-21, 2PM-5PM

Location: 5600 City Avenue, Philadelphia, PA 19131-1395. Camp will be conducted on Finnesey Field.

Registration and Payment: Email Dan Keating at dkeating@sju.edu to let him know you are attending. The fee for camp is \$200. Checks made payable to Saint Joseph's University. Complete and sign the waiver/information sheet. See below for the waiver/information sheet.

Check-in: 30 minutes before the start of camp in the lobby of Hagan Arena. Please bring your signed waiver form (see below) and check made payable to Saint Joseph's University. Hagan Arena parking lot is accessed off of 54th Street. Please have all equipment for each day of camp (helmet, gloves, arm pads, shoulder pads, stick, mouth guard, tank-top).

The Camp's Mission: To educate, to instruct, and to provide your son the opportunity to further his development and understanding of the game of lacrosse.

Description of Camp: (This camp will appeal to players who have at least 2 years playing experience)

- Our staff takes tremendous pride in offering the **BEST** instructional camp in the area. You will be coached by the SJU staff at every session and our goal is simple: to help our participants improve at every session.
- Offensive Instruction (midfielders and attack) – shooting, dodging, passing and feeding – it's all about reps!
- Defensive Instruction – stickwork, footwork, checking, 1v1 instruction, team defense concepts
- Goalie Instruction – stickwork, positional play, footwork, live shots!
- Competitive drills, transition and unsettled scenarios and games – learn to play fast!

Link to the camp page:

<http://www.sjuhawks.com/sports/m-lacros/spec-rel/051012aac.html>

www.keatinglacrosse.com

Coaching Staff:

Taylor Wray – Head Coach
Dan Keating – Assistant Coach
Mike Keating - Assistant Coach
Kevin Crowley – Assistant Coach

Please contact Dan Keating at dkeating@sju.edu for any questions (610 660 3200).
Please see below for player information/liability form.

SAINT JOSEPH'S UNIVERSITY MEN'S LACROSSE CAMPS

Information and Liability Form

Player's Name _____

Position _____

School _____

Email Address: _____

Parent Email Address (if not in high school) _____

Emergency contact number (parent's cell phone) _____

Liability Statement:

I, _____, understand that Saint Joseph's University and the men's lacrosse staff members will not assume any responsibility for accidents and/or medical or dental expenses incurred as a result of participation in the clinic. And I agree, on behalf of myself and my son, to release Saint Joseph's University, its members, coaches, and representatives, its officers, trustees, staff members and the owners of the property on which the clinic sessions are held from and against any and all claims for loss, damage, or injury to person or property which my son may sustain arising out of or in connection with participating in St Joseph's University lacrosse camps or clinics. I understand that should my child be dismissed from this clinic, no part of my tuition will be reimbursed for any reason. I have carefully read all of the information in this application form and agree to all conditions stated.

Refund policy: There is a no refund policy. Any questions, please contact Dan Keating.

Parent Signature

Date: _____