

COACHING STAFF

Tim O'Shea (Butler '02)

Head Coach: Zionsville Varsity

Attack/Offensive Camp Director

Matt Garvey (Ohio Wesleyan '05)

Head Coach: Zionsville JV

Midfield/Face-Off Camp Director

Adam Callahan (Butler, 01)

Former Head Coach: Zionsville Varsity

Defense/Goalie Camp Director

Brian Welch

Head Coach: Zionsville 5/6

Youth Camp Director

OTHER AREA COACHES

DAILY SCHEDULE

Monday, July 27-Thursday, July 30

- 5:15-5:30 PM Check-In
- 5:30 PM Camp Begins
- 8:30 PM Camp Ends

COST & PAYMENT

Camp Fee \$225

Check here if player needs to rent equipment (*Equipment Rental \$25*)

Total Amount enclosed \$ _____

- After June 15th a full refund CANNOT be made

*Make checks/money orders payable to **Tim O'Shea** and Mail application & deposit to:*

Tim O'Shea

6031 Ralston Ave.

Indianapolis, IN 46220

CROSSROADS LACROSSE



SUMMER LACROSSE CAMP

*Open to Players
Grades 3-12*

JULY 27-30, 2009
JENNINGS FIELD
ZIONSVILLE, IN

EQUIPMENT

Each camper should bring the following items to camp (each session).

- Lacrosse stick
- Gloves
- Arm pads
- Mouth guard
- Shoulder pads
- Helmet

If you do not own the above equipment, equipment rental is available for \$25

All campers will receive a Crossroads Lacrosse T-Shirt & Warrior lanyard

SHIRT SIZE: _____

APPLICATION PROCESSING

Applications will be handled on a first-come, first-served basis. Confirmation will be sent via e-mail. Apply early to ensure acceptance.

Once registered, players will only need their name to check-in on the first day of camp.

E-MAIL: _____

INSURANCE

I certify that my son has had a physical examination within the last year and that he is physically able to participate in lacrosse activities. I understand that lacrosse is a contact sport and that injury (or even death) has occurred during the course of play. In that event, I will not hold Zionsville Parks, Crossroads Lacrosse or the camp directors responsible. I also realize that I will be responsible for any medical or other charges in connection with my son's participation in this camp.

PARENT SIGNATURE: _____

INSURANCE COMPANY NAME

POLICY #: _____

In order for you to participate in the Crossroads Lacrosse Camp, you must become a member of US Lacrosse for insurance purposes. Without this number, campers will NOT be eligible to play.

To become a member Follow the instructions below:

- Visit www.uslacrosse.org
- Click on the word "Membership" on the left.
- Click on "Apply or Renew Online Here."

(Please renew online, rather than mailing in your US Lacrosse Membership application.)

US Lacrosse #: _____

Exp Date: ____/____/____

NAME: _____

POSITION: _____

AGE: _____

Dear Parents & Campers,

The Crossroads Lacrosse Camp is designed to provide the highest quality instruction, from the best coaches in the area. We will emphasize the importance of individual skills as well as team concepts. The goal of this camp is to provide each camper, regardless of age and experience, the tools to become a better lacrosse player. We hope to see you all this summer.

Sincerely,

Tim O'Shea

Head Coach-Varsity

Zionsville Lacrosse

(317) 695-7143

zlaxvarsity@aol.com

