# Woburn Lax Camp 2021

**Woburn Lacrosse**

**For:** Boys and Girls Grades K to 8 (going into freshman year)

**Location:** Woburn Memorial High School

**When:** June 28-July 1 **Time:** 1:00 – 4:00pm

**Fee: $100 Per Player ($75 for an additional family member 3rd comes for free!) REGISTER BY June 18th! After June 18th, please bring registration & money, in person, the day of the camp.**

Coaches include: Woburn High Varsity Girls Head Coach Margaret Meagher, Woburn Youth Girls Coaches, Woburn High Boys Coach Brian Nagle, and several college and high school level players for both boys and girls lacrosse.

**Please Contact us with any questions:**

**stmetiv03@gmail.com or brian.nagle2@gmail.com**

**Camp overall goal: To get children in grades K-8 engaged in playing lacrosse while having a lot of fun!**

*****The directors and coaches for the camp established as their primary mission the teaching of lacrosse fundamentals while engendering an enthusiasm for the sport in a fun atmosphere. Our camp offers dynamic teaching of basics to younger, less experienced players; and challenging, more complex skill sets to older, more experienced players.*****

- **Boy campers will need a stick, helmet, chest/shoulder pads and gloves.**
- **Girl Campers will need a stick, goggles and mouth guard.**
- **Extra goalie equipment will be available.**

****If you have questions on equipment needs, please send us an email!****

**Retain the top half for your information and return bottom half with payment to:**

**Drop or Mail checks & forms to the Woburn Recreation Office**
**10 Common St. Woburn Ma 01801**
**We are located on the First Floor across from Treasurer/Collector if dropping off!**

*****MAKE ALL CHECKS PAYABLE TO: Friends of Woburn Lacrosse*****

---

## Tanner Lax Camp Registration

**Name**_____**Age**_____**Incoming Grade**_____

**Home Address:**_____ **City**_____**Phone**_____

**Email**_____ **Emergency Contact #**_____

**Parents or Legal Guardian**_____

**Name of Insurance Company**_____**Name of Insured**_____

**Medical Issues** _____

**Player Information (please circle)** **Sex:** Boy Girl

**Position:** Attack Midfield Defense Goalie

**Shirt Size:** Youth S M L Adult S M L XL

**I understand that the city of Woburn carries no insurance for participants. I agree to hold harmless the city and/or its employees or volunteers from claims of liability related to any accident or injuries that may occur. I give permission for medical treatment to be given to my child if the need arises.**

**Signature**_____ **Date:**_____