



**Camp Dates and Time:**  
**December 19-21, 2023**  
**2:00 PM- 4:00 PM**  
**(Grades 9-12)**

**Lacrosse Skills Camp**

**Camp Philosophy**

Campers will learn:

- How to enjoy the sport of Lacrosse
- How each Lacrosse Position works
- To respect the sport, teammates, and equipment
- The basic rules and fundamentals of Lacrosse
- How nutrition fits into their game

**Campers Should Bring:**

- T-shirt, gym shorts, sneakers, cleats, stick
- Personal water bottle

**For more information:**

- **Contact Coach Hernandez**
- **Cell: 813.485.6560**
- **Email: [ohernand@pasco.k12.fl.us](mailto:ohernand@pasco.k12.fl.us)**

Registration begins December 13, 2023. To plan accordingly, please contact coach to preregister.

**Please register for the camp as soon as possible to determine camp numbers.**

**Campers Receive:**

- **Camp T-shirt (first 40 applicants)**  
S M L XL XXL
- In-depth instruction from the Coyote Coaching Staff
- Games and Contest

Camp Includes: Applicants will have a camp of fun activities that include a variety of challenges for competition. The students will also receive information on proper conditioning, sportsmanship, nutrition, and informal discussion regarding healthy life decisions. **The first forty applicants will receive a free camp t- shirt.**

**Campers must be picked up by 4:30 PM.**

**Camp Form Application**

Name: \_\_\_\_\_  
Student Number: \_\_\_\_\_  
Parent Name: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

**I wish to attend:**

∇ \$40 for individual camper  
(Pay online or cash)

*To receive price break, both applicants must have camp form filled out and paperwork turned in at the same time.*

**Medical Release / Waiver Form:**

I, I, the undersigned parent or guardian, do hereby grant permission for my Son/ Daughter whose name is \_\_\_\_\_, and hereinafter shall be referred as "participant," to participate in the Cypress Creek High School camp/ clinic. In order that the participant receive the necessary medical treatment in the event of an injury or illness, I hereby hold the clinic director and its representatives harmless in the exercise of authority.

II. I fully acknowledge and understand and agree that in taking part in this clinic there is a possibility of physical illness or injury (minimal, serious, or catastrophic) and that participant is assuming the risk of such illness or injury by participating.

III. I further agree to hold harmless the Pasco County School Board, the Cypress Creek High School Athletic Program, including the directors which conduct the camp/ clinic, and the coaches in which the camp/ clinic is being run by the illness or injury incurred by the participant during the course of the clinic.

Parent Signature: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_