



Dear Camper,

We are excited that you will be joining us for the Villanova Elite Lacrosse Camp June 24th & 25th. Registration will take place at Sullivan Hall (building #61 on campus map) between 8:30-9:30am on the 24th. Check-out will be at 3:00pm on the 25th at West Campus Soccer Fields. The campers will have their luggage by the field so that they can leave directly from the last session.

Please read through the attached packet carefully, as you will find the necessary information for camp. You can also access this information on the camp website under the Forms tab (<http://villanovawlax.com>).

Attached to this email are the camp information packet, the camp waiver, and campus map. In the information packet, you will find a health and parental release form. **You must fax or email back the signed waiver and health, and parental release form (3 sheets)**. Your daughter may not participate unless we have those forms.

Please submit by fax or email the by June 21st. Please do NOT send them by mail.

Email:
villanovalax@gmail.com

Fax: 610-519-6884
Attn: Girls' Lacrosse Camp

The dorm is air-conditioned and if you need transportation from the airport or train station, please email villanovalax@gmail.com with your travel information.

We look forward to seeing you soon.

Sincerely,

Julie Young
Head Women's Lacrosse Coach
Villanova University
villanovalax@gmail.com

ADDITIONAL INFORMATION

Questions contact: Princess Livingston, Assistant Coach
villanovalax@gmail.com 203-241-6514 (cell)

Camp Field:

Higgins Soccer Complex, West Campus
308 N.Spring Mill Rd, Villanova PA 19085

REGISTRATION

Wednesday, June 24th from 8:30-9:30am

DORM: Sullivan Hall (Building #61)
(Air Conditioned)
800 E. Lancaster Avenue
Villanova, PA 19085

You will park in the main parking lot and walk across the street to register at Sullivan Hall.

CAMP PICK UP: THURSDAY, JUNE 25th

Checkout/Pick-Up: 3:00pm

Location: WEST CAMPUS

We will take all campers luggage to West Campus and campers can depart from the field after the last session.

Commuters: You can be picked up after the last session at 8:30pm on the 24th at West Campus. Please arrive by 8:45am at West Campus on the 25th.

PACKING CHECKLIST:

T-shirts
Shorts
Sweat Shirts
Sweat Pants
Sports Bras
Underwear
Socks
Pajamas
Toiletries

Lacrosse Stick
Mouth guard
Goggles
Turfs
Sneakers
Water Bottle

SPENDING MONEY:

There will be a camp store for campers to purchase drinks and Villanova Lacrosse apparel.

CAMP SCHEDULE:

June 24th

10am-12:00noon	Morning Session
12:15pm	Lunch
2-4:30pm	Afternoon Session
5:00pm	Dinner
6:15-8:30pm	Evening Session
9:00pm	Camp Activity

June 25th

7:45am	Breakfast
9-11:30am	Morning Session
12:00pm	Lunch
1:00-3:00pm	Afternoon Session
3:00pm	Check Out

TRAVEL:

If you are flying to camp, please fly into the Philadelphia (PHL) Airport. We can provide transportation from the airport to camp and from camp to the airport as well. Please contact Princess Livingston with your flight information to make arrangements. villanovawlx@gmail.com
203-241-6514 (cell)

ROOMATES:

Campers will be assigned roommates based on age and roommate requests. If you have a roommate request that you have not yet indicated, please email us ASAP.

VILLANOVA ELITE LACROSSE CAMP

Parental and Health Form

Campers will not be allowed to participate without the completed health and parental release forms.

Please submit by email or fax by June 21st.

Email: villanovalax@gmail.com Fax: 610-519-6884 Attn: Girls' Lacrosse Camp

I, _____, give permission for
_____ to attend and participate in the Villanova Girls'
Lacrosse Camp, June 24-25th, 2014, in Villanova, PA.

I authorize the staff of this camp to determine as appropriate when it is necessary for my child to receive emergency medical or surgical treatment. I understand that every effort will be made to contact me prior to such action.

I herby:

1. Certify that, to the best of my knowledge, the medical information provided is complete and correct.
2. Agree to assume all risk of personal injury arising from participation in this camp, understanding that this sport does involve potential for injury.
3. Agree to allow the camp director and medical staff to use sound judgment in obtaining necessary medical care, at the expense of the parent.
4. I certify that the above-named individual is able to participate fully in the activity listed above, based on physical examination within 12 months prior to said camp date.

(Signature of Parent)

(Date)

First Name: _____ Last Name: _____

Height: _____ Weight: _____ Age: _____ DOB: _____

Insurance Carrier: _____ Policy #: _____

Parent Name: _____ Cell # _____

Emergency Contact _____ Relationship _____

Emergency Contact #: _____

Medical History

Has your daughter been diagnosed with a concussion? *Yes or No (circle one)*

Date and detail of injury: _____

List any recent sport injury: _____

Allergy History (Yes/No)

Asthma _____ Insect Sting _____ Food Allergy: _____ Other: _____

If medication will be taken during camp, indicate name of the drug and dosage:

Please list any pertinent medical information we should know about.
