



2022 Boys & Girls Summer Lacrosse Clinics

Description of Program: With the cost of travel programs is getting out of hand, we decided to design an affordable lacrosse program for boys & girls youth lacrosse players, as well as parents/guardians, that focuses on player (and parent/guardians) skill and knowledge development in a fun learning environment. Regardless of skill level the program will help each player get better and develop a love of the game!

Format: The Players will participate one (1) day a week for 1 ½ hour per session for 4 weeks. The first 45 minutes will focus of player skill & knowledge development through station work/practice followed by controlled games.

Divisions/Grades: Boys & Girls K-12th grades – divided by age & skill level.

Dates: Wednesday Evenings: June 29th, July 6th, July 13th, & July 20th (4-week program)

Location: Putnam Valley Town Park (265 Oscawana Lake Rd, Putnam Valley, NY)

Times: 5:30pm to 7:00pm

Cost: Putnam Valley Lacrosse School/Club Team Players = Only \$100 per player

Non-PV Lacrosse School/Club Players = Only \$125 per player

Discounts: \$10 off per sibling off

Questions: Please contact Drew Wendol at wendolworldwide@gmail.com or call 914-373-9114

Registration: Please register with PV Parks & Rec at www.pvpr.com by July 1st so we get organize groups/program in advance. Walk-ins accepted

* Please note that there is a 1.5% service fee on charges. You can avoid service fee by paying by check (made out to PVPR) or cash.

Lacrosse Summer 2022

Name: _____ Girls or Boys Program: _____ Grade: _____
Address: _____ Phone #: _____
E-Mail: _____ Parent/Guardian Name: _____

Emergency Contact (other than Parent/Guardian):

Name: _____ Phone #: _____

In consideration of accepting this registration form, I, the undersigned, for myself, my executors, administrators and assignees, do hereby discharge Putnam Valley Recreation Dept., Gargoyle Athletics, WWA, INC., and any and all sponsors, organizers and their representatives and successors from all claims of damages, actions, and causes of action whatsoever, in any manner arising or growing out of my child/s/ward's participation in said program. I further attest that my child/ward is physically qualified to participate in the program.

Parent/Guardian Signature: _____ Date: _____