



REACTION LACROSSE



FALL 2011 SKILL-BUILDER LACROSSE CLINIC

SPONSORED BY:



REACTION LACROSSE, VOTED SOUTH NJ'S BEST LACROSSE CAMP, IS BACK! THIS TIME, WITH A FALL SKILL-BUILDER CLINIC TEACHING PLAYERS OF ALL AGES HOW TO IMPROVE THEIR SKILLS DURING THE OFFSEASON. OUR STAFF OF PROFESSIONAL/COLLEGIATE PLAYERS AND COACHES WILL INSTRUCT IN THE AREAS OF:

OFFENSE

- **CATCHING/THROWING**
- **SHOOTING FOR ACCURACY/SPEED**
- **DODGING**
- **STICK PROTECTION**
- **OFFENSIVE SPACING**

DEFENSE

- **CATCHING/THROWING WITH A LONG STICK**
- **CRADLING**
- **FOOTWORK**
- **STICK CHECKS**
- **OFF-BALL PLAY**

WHEN: SUNDAY NOVEMBER 27, 12PM – 3PM

WHERE: CHEROKEE H.S. TURF FOOTBALL STADIUM – MARLTON, NJ

COST: \$50 PER ATTENDEE

**** EACH PLAYER RECEIVES FREE MAVERIK HANDOUTS WITH REGISTRATION ****

EQUIPMENT NEEDED: LACROSSE STICK, HELMETS, GLOVES, ELBOW PADS, SHOULDER PADS, MOUTH PIECE

REGISTRATION FORM: PLEASE RETURN, WITH PAYMENT, TO REACTION LACROSSE ASAP – SPACE IS LIMITED!!!

PLAYER'S NAME: _____

AGE/GRADE/TEAM: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PARENT E-MAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE #: _____



WAIVER RELEASE:

My child is in good health and has my full permission to participate in rigorous lacrosse activities. He had no previous sickness, illness, disease, or any condition that will affect his full participation. I fully understand that lacrosse is a contact sport and that physical injury may occur during the course of practice and games. In any event I can't be reached, I give my full permission for such medical procedures as may be deemed necessary by an examining physician. I also understand that REACTION LACROSSE, LLC are not responsible for the loss of any personal belongings.

PARENT SIGNATURE: _____

Please mail check and registration form to:
Reaction Lacrosse, LLC
53 Elmgate Rd.
Marlton, NJ 08053

Checks Payable to: REACTION LACROSSE, LLC



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