ABOUT THE CAMP

OCC lacrosse camp will be held from July 19th to July 23rd, 2010. The camp hours will be from 9am-3:30 pm.

• All campers must provide their own insurance.
• All campers will need full equipment.
• All campers will receive a camp jersey if they register by June 15th.
• Campers are encouraged to bring their own lunch, however a full concession stand will be available.
• The registration fee is $180.00, which includes a camp jersey when you register by June 15th.
• Early registration is advised.
• Please make checks payable to OCC Association Inc.
• If you have any questions or concerns please contact Coach Chuck Wilbur at (315) 498-2164
• Mail all information and check to OCC Association, Inc
  Attn: Auxiliary Services
  4585 West Seneca Turnpike
  Syracuse, NY 13215-4585

Lacrosse Unlimited will be displaying its top-of-the-line products on the last day of the camp

ONONDAGA LACROSSE CAMP

Mission Statement:
OCC lacrosse camp is a great chance for children to learn the game of lacrosse from coaches who played at the Division 1 level, and are currently college coaches. In addition, children will learn in a fun filled environment.

Your Coaches:
Chuck Wilbur is a graduate of Herkimer CC where he was a two time All-American, and a member of the 1996 National Championship team. He finished his career at Hobart where he was the team’s leading scorer and Hobart’s offensive MVP. Chuck is currently head coach at OCC and was named JUCO coach of the year three times.

Mike Villano is also a graduate of Herkimer CC where he was a two time All-American and was a member of the 1996 National Championship team. He finished his career at Hobart College where he was selected to play in the North-South All Star game. He is currently the assistant coach at OCC.

Other coaching staff which includes current and former OCC players
2010 ONONDAGA LAZERS LACROSSE CAMP REGISTRATION FORM

Name: __________________________________________

Address: ______________________________________

City: __________________________ State: ___________ ZIP: ____________

Phone: __________________________ Email: __________________

School: __________________________ Grade completed: ______ Yrs. Lax experience: ______

Circle the position you would like to play at the camp. Mid Def Attack Goalie

Personal / Medical Information

Date of Birth: __________ Height: ______ Weight: _______ Shirt Size (Adult-circle): S M L XL

Date of last tetanus immunization: __________________________________________________________

Medications currently taking: ________________________________________________________________

Allergies to medicines or other allergies: ______________________________________________________

Conditions that physicians should be aware of: ____________________________________________________

Restrictions while participating: __________________________________________________________________

Insurance Company: __________________________ Policy Number: ________________________________

Emergency Information (Contact in case of emergency)

Name: __________________________________________

Daytime Phone(s): __________________________

Family Doctor: __________________________ Phone: __________________________

Authorization:

As the parent/guardian of the above named child, I give my child permission to participate in the 2010 Onondaga Lazers Lacrosse Camp. I also attest that I have adequate medical coverage, and I authorize any medical treatment for my child, which may be advised or recommended by Camp personnel while my child is a participant in the Camp. I agree to indemnify Onondaga Community College, Onondaga Community College Association, Inc. and the County of Onondaga and its employees for any claim, which may hereafter be presented by my child as a result of any injuries, which may occur as a result of his/her participation. Finally, I understand that by his/her participation, my child agrees to all rules and regulations of the Onondaga Lazers Lacrosse Camp, as established by the Camp Director.

Parent/Guardian Signature: __________________________ Date: ____________

Registration form and check (made payable to the OCC Association, Inc.) should be sent to:

Onondaga Community College Association, Inc.
Attn: Auxiliary Service
4585 W. Seneca Turnpike
Syracuse, NY 13215

Campers that register before June 15 will receive a free camp jersey. No refunds will be made in case of bad weather or if camper misses any days