CONDOMAGA
COMMUNITY COLLEGE
LADY LAZERS LACROSSE
CAMP

2010
ONONDAGA
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CAMP

The OCC Lady Lazers Lacrosse Camp is a great way to introduce girls to lacrosse or help instruct current players so that they will be able to take their game to the next level. The camp will provide a mix of skills, drills and games everyday. Students will learn the great game of lacrosse and have fun with their friends at the same time!

AGE GROUP
Girls 8 -15 Years Old
Campers will be divided into groups by age and experience

FEES
$80 per camper
$60 each additional family member

**ALL CAMPERS RECEIVE CAMP SHIRT**

LOCATION:
David W. Murphy Field at Onondaga Community College

DATES:
July 26 - July 30

TIME:
9 a.m.-11:30 a.m.

EQUIPMENT:
Sneakers/turf shoes, girls lacrosse stick, goggles, mouth guard, water bottle

FOR MORE INFO
Coach Spin 406-4586
spina@sunyocc.edu

COACHING STAFF:
- AMY SPIN, OCC LADY LAZERS HEAD COACH

IN ONLY TWO YEARS OF EXISTENCE, THE LAZERS HAVE RACKED UP 30 WINS AND ONLY 3 LOSSES. THE LAZERS HAVE EARNED ONE NATIONAL TITLE IN 2009 AND WERE RUNNERS UP IN 2010. THE TEAM HAS WON THEIR CONFERENCE BOTH YEARS AND FINISHED FIRST IN THE REGION THIS YEAR. PRIOR TO JOINING OCC, COACH SPIN WAS THE VARSITY COACH AT AUBURN HIGH SCHOOL, TAKING THE MAROONS THE Farthest they have ever gone in the history of the program. IN HER 3RD YEAR AT AUBURN, THE MAROONS MADE THEIR FIRST VISIT TO THE SEMI-FINALS IN SECTION 3. PRIOR TO AUBURN COACH SPIN SERVED ON CAYUGA COMMUNITY WOMENS LACROSSE COACHING STAFF.

ASSISTANT COACHES:
-Stephanie Donegan (Lemoyne Attack) OFFENSIVE COORDINATOR
-Erin Hopkins (Franklin Pierce Goalie) DEFENSIVE COORDINATOR
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. REGISTRATION DEADLINE IS JULY 21ST

If you are registering more than one family member, please fill out a registration form for each child and submit together with one check to take advantage of the discount.

2010 ONONDAGA LADY LAZERS LACROSSE CAMP REGISTRATION FORM

Name:__________________________________________
Address:________________________________________
City:_________________________ State:_________________ ZIP:___________
Phone:______________________ Email:_______________
School:____________________ Grade completed:_________ Yrs. Lax experience:_________

Personal / Medical Information

Date of Birth:_________________________ Height:_____________ Weight:_____________

Shirt Size:  Youth: S  M  L  Adult:  S  M  L

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 Lady 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 Lady 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