

# **HADDON TOWNSHIP BOYS LACROSSE CAMP**

## **WHEN**

**July 24<sup>th</sup> to 28<sup>th</sup>  
6:00pm to 8:30pm**

## **WHERE**

**Recchino Turf Field**

**350 West Crystal Lake Avenue**

**All players U-9(8-U) and above must  
have their own equipment\*\*\*.**

**\*\* All players must bring water\*\***

**OPEN TO ALL  
BOYS FROM  
U7 UP TO  
RISING 9<sup>TH</sup>  
GRADERS**

**The camp will  
provide  
instruction to  
those at the  
beginning level of  
lacrosse and  
those looking to  
improve their  
current skills.**

## **REGISTRATION**

**includes reversible  
jersey. The camp will  
be overseen by  
members of the  
Haddon Township HS  
Lacrosse Coaching  
Staff, and  
current/former  
players**

**All registrations  
should be in no later  
than June 26<sup>th</sup> to  
guarantee a jersey.**



# Camp Registration form

Name: \_\_\_\_\_

**REGISTRATION FEE** (CHECK ONE)

Address: \_\_\_\_\_

**\$75 U7/SCOOPER**

(sticks only; gloves optional)

Zip: \_\_\_\_\_

**\$100 U9 and above**

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_

Any previous lacrosse experience? Yes No Position played \_\_\_\_\_

Jersey Size: Child Small/Medium [ ] Large/Extra Large [ ]

Adult Small/ Medium [ ] Large/Extra large [ ]

\*\*\*Please make checks payable to John Consuegra and send all registrations to Haddon Township Lacrosse Camp c/o John Consuegra 204 Old Orchard Road, Cherry Hill, NJ 08003. Any questions please contact John Consuegra, [JohnConsuegra@yahoo.com](mailto:JohnConsuegra@yahoo.com) or 609-287-1742; or Kyle McCann, [kylejmccann@gmail.com](mailto:kylejmccann@gmail.com)

Emergency Contact and Number: \_\_\_\_\_

## Permission Form

"I, the parent/guardian of the above mentioned child who is a registrant of the Haddon Township Lacrosse Camp, hereby give my consent to his participation in any and all activities during camp. I assume all risks and hazards incidental to the conduct of these activities. I hereby authorize the staff of the camp to act for me in accordance with their best judgment in any emergency medical attention."

\_\_\_\_\_  
Signature of parent/guardian

\*\*\*Equipment consists of lacrosse stick, helmet, shoulder pads, elbow pads, gloves, mouthguard and protective cup.