Saints Lacrosse Summer Showcase & Prospect Camp

Thursday — June 27, 2019
Location: Hall-Leet Stadium, St. Lawrence University
Canton, New York

Schedule:
Registration: 9:30am-10:00am (Appleton Arena)
Practice: 10:15am-12:00pm
Lunch: 12:00pm-1:00pm
Athletic Facility Tour/ Q & A: 1:00pm-2:00pm
Afternoon Session & Game: 2:00pm-4:15pm

Experience St. Lawrence University First Hand As You Take Part In College-Like Practice Sessions Run By The Current SLU Coaches.

For more information please contact: Stefan Sloma
Men’s Lacrosse Office
E-mail: ssloma@stlawu.edu
Office Phone: 315-229-5786
Fax: 315-229-5589
Saints Lacrosse Summer Showcase

Student-Athletes will be evaluated during instructional practice sessions hosted by the program’s staff in addition to an afternoon scrimmage.

Participants should outfit themselves with appropriate lacrosse equipment including: helmet, mouthguard, shoulder pads, elbow pads, gloves, and proper footwear. Games will be held on FieldTurf.

Location: St. Lawrence University; check in will be held outside Appleton Arena and all on-field sessions will be conducted on North Country Field.

Cost: $125.00 (Please make checks payable to: Saints Lacrosse Camp)

Pre-registration is required. Complete and return the waiver below to:

Mike Mahoney  
St. Lawrence University  
Augsbury Athletic Center  
23 Romoda Drive  
Canton, NY 13617

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WAIVER/RELEASE OF LIABILITY

Participant’s Name: ___________________________________________________  D.O.B.: ______________________

Complete Address: ___________________________________________________  Year of Graduation:__________

Home Phone: ________________________________________________________  Position:_________________

High School / Club Team: _____________________________________________________

Emergency Phone Number where you can be reached during the clinic: ________________________________

Email Address:________________________________________________________

As parent/guardian of the child named above, I understand the risks involved with my son participating in the Lacrosse Prospect Day sponsored by St Lawrence University. I verify that my son has had a physical recently and may participate in all the activities of the Lacrosse Prospect Day. I verify that he has no physical impairments/disabilities that make him/her prone to injury. I understand and acknowledge that in the case of illness, accident or injury, my child will be evaluated by and receive medical treatment from emergency response personnel. By signing this waiver I completely agree that St. Lawrence University, its agents, students and employees, and the St. Lawrence University Lacrosse team, shall not be held responsible for any injury or otherwise—except that which can be shown as negligence on the part of the university or its representatives. I acknowledge and understand that I am responsible for any and all bills for first aid, medical and emergency services for my child that result from any injury sustained while participating in the event.

Parent/Guardian Signature:  _________________________________________  Date: ______________________