

MAROONS LACROSSE CAMP

Presents

The

18th Annual FALL LACROSSE CLINIC

ABOUT THE CLINIC

There will be a six-session fall lacrosse clinic beginning in late September and continuing through early November. The clinic will involve both individual training and team development. Ridgewood High School Boy's Varsity Lacrosse Team Members will provide hands-on instruction in all aspects of the game. All players, grades 2 through 8, are welcome. There will be training sessions and competitive play. Groups for practice and scrimmages will be assigned according to grade and skill level. Every participant will have a positive learning experience. Upon receipt of an application and fee, an **email** will be sent confirming acceptance and field location in Ridgewood. The clinic will be held from **3:30 PM - 5:00 PM** on the following **Sunday's: September 15th, 22nd, 29th, October 6th, 20th and 27th.**

DIRECTOR

Mike Pounds - Eighteenth year head lacrosse coach at Ridgewood High School will direct the fall lacrosse clinic. Coach Pounds brings over 30 years of coaching experience from Ridgewood to noted college programs such as University of Virginia, University of Pennsylvania, and the State University of New York at Cortland. He was named the 2015, 2017 and 2019 Bergen County, 2013 and 2014 Group III, 2008 Gibbs Division and 2003 and 2017 North Jersey Boy's Lacrosse "Coach of the Year". Over the last 17 years, Ridgewood has won 8 Group III State Championships and has reached the final four in the Tournament of Champions 7 times.

A Typical Day

3:30 Meet w/ Group
3:35 Group Warm-up
3:45 Practice
4:30 Game
4:55 Wrap Up/Depart

Clinic Fee

Cost: \$180
Fee also includes a Clinic T-shirt.

Participant must be a US Lacrosse member for insurance purposes (2019 RLA members are covered). Go to www.uslacrosse.org to register.

For more Information, e-mail: pounds29@aol.com

Fall Lacrosse Clinic Application

Please submit applications by August 31st

Name _____ Age _____ Grade _____

Address _____ Phone _____ EMAIL _____

US Lacrosse Membership ID#: _____ Do You Need Equipment: Yes _____ No _____

Position: Goalie _____ Attack _____ Midfield _____ Defense _____ YRS EXP _____

I am hereby waiving and releasing Maroons Lacrosse Camp any and all liability for any injuries incurred by my child while attending and participating in the fall clinic.

Parent(s) Name _____ Signature _____

Send completed registration form to Maroons Lacrosse Camp, 639 Alanon Rd., Ridgewood, NJ 07450. ***Please make checks payable to MAROONS LACROSSE CAMP.**