

# THE CAMP PROGRAM

Play Like a Pro Lacrosse is excited to bring you the opportunity to polish your lacrosse skills through a fun-filled, structured, instructional program taught by professionals living right here in your community! Play Like a Pro Lacrosse carefully selects expert clinicians who double as engaging role models for the campers and possess extensive player experience and coach experience. This combination helps our clinicians connect with the players on multiple levels. Teaching extends beyond lacrosse and into life. Our camp will provide an atmosphere for young players to build skills and confidence to help them stand out in their local club or youth program, like a Pro. Our dedicated Camp Director, Aime Caines, a parent, local Minnesotan, long-time lacrosse veteran player and coach, ensures that the camp experience will be one to remember.

## PROGRAM FEATURES:

- Hybrid lacrosse development
- Speed & agility training
- Individual skill development
- Daily prizes and camper awards
- Tactical instruction
- Competitive scrimmages
- Competitive play
- Team building games & activities

## Each camper will receive:

- Play Like a Pro Shooter Shirt
- Personal Player Evaluation
- Camper Photo
- Daily Prizes from Sponsors



## What to Bring:

Campers must bring their own helmet, gloves, stick, mouthpiece, protective cup, arm guards, shoulder pads, cleats, indoor sneakers, reversible penny, sunscreen.



## Lunch:

Lunch is not included in the registration fee. Please bring your own lunch, snacks and a water bottle. Gatorade and water will be provided.

## Rain Policy:

Rain or shine, if severe weather, camp will be moved inside. No refunds for inclement weather.

## SPONSORS:



# REGISTRATION FORM

Registrant First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Campers Age as of 8-1-15: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State or Province \_\_\_\_\_

Country \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone (### - ### - ####) \_\_\_\_\_

School \_\_\_\_\_

Club Team \_\_\_\_\_

Position: Select... Attack/ Mid-field/ Defense

Goalie/Unknown

Does your child have any physical or medical conditions we should know about? \_\_\_\_\_

Medical Conditions / Allergies \_\_\_\_\_

Emergency Contact First Name \_\_\_\_\_

Emergency Contact Last Name \_\_\_\_\_

Emergency Contact Relationship \_\_\_\_\_

Emergency Contact Daytime Phone: (### - ### - ####) \_\_\_\_\_

Emergency Contact Evening Phone: (### - ### - ####) \_\_\_\_\_

Primary Email address for confirmation forms: \_\_\_\_\_

Promo Code: (Family/Goalie)

Are you registering more than one child at Play Like a Pro camps? If so, please indicate name and include all registrations together. 10% discount for additional family members, ie: \$20 off second registration.

Shirt Size: S M L XL XXL

(shooter shirts are in adult sizes)

**\*If registration is not received by deadline, a shooter shirt is not guaranteed.**

# PLAY LIKE A PRO 2015 SUMMER CAMP

- OPERATING SINCE 2013

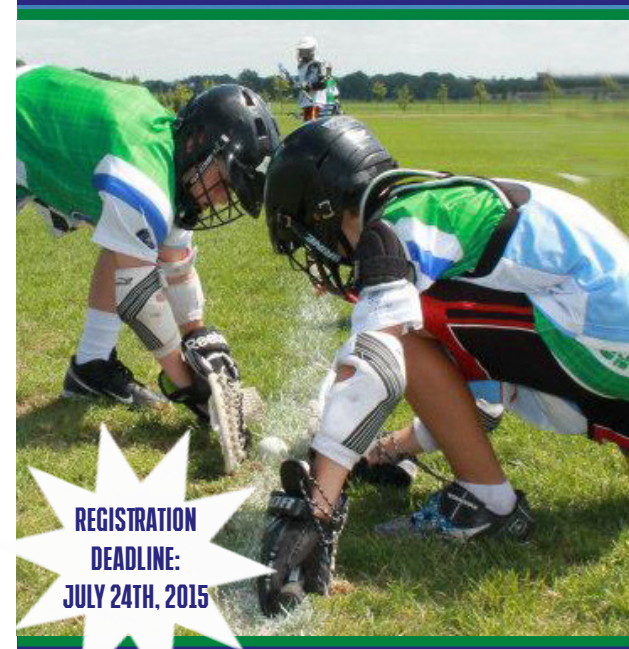


9:00 AM - 2:00 PM

AUGUST 3RD-6TH (MON-THUR)

BOYS AGES 8-15

SKILL LEVEL : OPEN TO ALL SKILL LEVELS



REGISTRATION  
DEADLINE:  
JULY 24TH, 2015

(MAIN GRASS FIELD)

4200 PIONEER DRIVE

ST. PAUL, MN 55129

\*FIELDS IN FRONT OF EASTRIDGE HIGH SCHOOL

# HOMETOWN COACHING STAFF

## RECEIVE INSTRUCTION FROM YOUR HOMETOWN LACROSSE PROS, INCLUDING:



### **AIME CAINES:**

Hometown: Windsor, Ontario  
Currently Resides in Woodbury, MN

- Assistant Coach, Minnesota Swarm Lacrosse; 2009-Present
- Head Lacrosse Coach, East Ridge High School; 2009-Present
- Director of Lacrosse, Northern Education Adademy: 2013-Present
- Director, Minnesota Swarm Youth Box League, 2009-Present
- Director, Minnesota Swarm Junior Lacrosse Team: 2013-Present
- NLL Professional Player: 1999-2005
  - Columbus Landsharks, Columbus, OH
  - Montreal Express, Montreal, CA
  - Buffalo Bandits, Buffalo, NY
- MSL/WLA Professional Player: 1996-2009
  - New Westminster, BC
  - Brampton, ON (2002 MANN Cup Champion)
  - Barrie, ON
  - Akwesasne, ON



### **CORBYN TAO:**

Hometown: Coquitlam, British Columbia  
Currently resides in St. Paul, MN

- Forward, Minnesota Swarm Lacrosse: 2011-Present
- Collegiate Lacrosse Player, Robert Morris University
  - Ranked 1st in the Nation for shooting percentage
- 2007 Minto Cup Champion
- 2008 CAA All-Rookie team
- 2010 First team All Northeast Conference



### **MIKE HOLVIG:**

Hometown: New City, NY.  
Currently resides in White Bear Lake, MN

- Position: Defense/LSM, shoots left
- 8 years player experience
- Graduate of New England College in Henniker, New Hampshire Graduate
- Played LSM in the Commonwealth Coast Conference (Div. III)
- Minnesota Youth Lacrosse Coach

# PROGRAM DETAILS

## IT'S EASY TO REGISTER...

Send check, registration form with camper waiver and current health form (located on [playlikeaprolacrosse.com](http://playlikeaprolacrosse.com)) to:

**Play Like a Pro Lacrosse**  
Attn: Aime Caines  
9027 Parkside Drive  
Woodbury, MN 55125

**Make all checks payable to:** Play Like a Pro Lacrosse

## 2015 MINNESOTA SUMMER CAMP PROGRAM

**Age Group:** Boys ages 8-15

**Skill Level:** All skill levels

**Camp Dates:** August 3rd-6th, 2015 (Mon-Thur)

**Day Camp:** 9:00 am - 2:00 pm

### **Camp Location:**

(Grass Fields)

4200 Pioneer Drive

Saint Paul, MN 55129

**Registration Deadline:** Application Received by July 24, 2015

**Camper Registration Fee:** \$200 **Goalie Fee:** \$150

### **Camp Cancellation Policy:**

If injuries, sickness or circumstances make it impossible for you to attend our camp, we must be notified one week prior to the start of the camp and a \$50 penalty fee will be applied. Refunds will not be addressed or sent out until after August 1st, 2015. Play Like a Pro Lacrosse reserves the right to cancel the camp due to unforeseen circumstances and if that occurs, 100% of the registration money will be refunded after August 1st, 2015.

### **Confirmation Forms:**

All campers will receive a **CONFIRMATION E-MAIL** once registration and payment are processed to the primary email address provided on this form by you.

### **Please note email address for confirmation form:**

### **Play Like a Pro Lacrosse Contact Information:**

**Email:** [info@playlikeaprolacrosse.com](mailto:info@playlikeaprolacrosse.com)

**Visit us at:** [playlikeaprolacrosse.com](http://playlikeaprolacrosse.com)

**Contact us at:** 952-258-9264

**Like us on Facebook:** [Playlikeaprolacrosse](https://www.facebook.com/playlikeaprolacrosse)

**Follow us on Twitter:** [@playlikeaprolax](https://twitter.com/playlikeaprolax)

# CAMPER'S WAIVER

## CONSENT TO TREATMENT LIMITATION AND WAIVER OF LIABILITY

Play Like a Pro Lacrosse Camp  
East Ridge High School Fields  
4200 Pioneer Drive  
St. Paul, MN 55129

In consideration of my child's acceptance in the Play Like a Pro Lacrosse Camp, I individually and on behalf of my minor child, do hereby release and forever discharge Play Like a Pro Lacrosse and its officers, trustees, staff, employees, contractors, and representatives from all liability of any kind for any claim, demand, action, cause of action, damage, judgment, cost or expense which arises out of, occurs during or relates in any manner to my child's participation in, attendance at, activities, at or incidental to the aforementioned camp. In the event of an accident, injury (including death), illness or other damage sustained by my child while traveling to or from, or during his attendance at, The Play Like a Pro Lacrosse Camp. I understand and hereby acknowledge that my only remedy and my child's only remedy will be the coverage, if any, provided by the medical insurance policy coverage as explained in this brochure and set forth in the stated insurance policy. I also understand and acknowledge by my signature below that Play Like a Pro Lacrosse does not have the medical staff or resources available during the camp to store or administer prescription or non-prescription medications to my child. I have decided as the child's parent or legal guardian that my son is capable of taking his own medication(s) throughout his participation in the camp, or that one of my child's parents or his legal guardian will be personally present and available to administer medications at all times. Play Like a Pro Lacrosse will not be responsible for any lost or stolen medication(s). I, individually, and on behalf of my child and our respective heirs, successors, personal representatives and assigns hereby release Play Like a Pro and its officers, trustees, employees, contractors and representatives from all liability of any kind for any claim, demand, action, cause of action, damage, judgment, cost or expense which arises out of, occurs during or is related to, in an the travel to other facilities on the East Ridge High School campus n the event of inclement weather.

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN'S NAME (Printed)

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMERGENCY PHONE CONTACT NUMBER

\_\_\_\_\_  
US LACROSSE MEMBER I.D.