

**ALL AMERICAN LACROSSE AND USA 1  
LACROSSE PRESENT**

**MEGA GIRLS  
LACROSSE  
CAMP**

**Saturday, July 9, 2016 from 9:00am-3:00pm: Classes 2017-2024,  
committed and uncommitted players. Youth players ages 5-9.**

**Location: Bryn Mawr College, Bryn Mawr PA**

**Cost: \$180 per camper including reversible, ball, full day of elite  
instruction, lunch in the dining hall and demonstration and prizes**

**from UnderArmour**

**Learn from United States Naval Academy Head Coach, Cindy Timchal, winningest Division 1 in women's lacrosse history!**

**8 National Championships**

**Coach Cindy Timchal has developed the ultimate camp experience for lacrosse players that want to take their game to the next level.**

**Learn though Cindy's unique progression drills. Elite level lacrosse for all ages. Take your game to the NEXT LEVEL!**

**Be coached by Navy Coaches, Cindy Timchal, Gabby Capuzzi, Navy assistant coach and former All-American at Ohio State, Ohio State assist coach, Boston College Coach, Penn State players plus other college players and coaches.**

**Learn the latest techniques in stickwork, shooting, scoring, dodging, individual defense and individual offense. Team offenses and defense.**

**Including GOALKEEPER INSTRUCTION Academy**

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

**Website: [www.allamericanlacrosse.com](http://www.allamericanlacrosse.com)**

**Checks Made Payable to: All American Lacrosse**

**Mail registration & check to:**

**All American Lacrosse**  
**55 Baldrige Rd. Annapolis, MD 21401**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of

Birth: \_\_\_\_\_ Club Team: \_\_\_\_\_

School: \_\_\_\_\_

HS Graduation on Year: 20\_\_\_\_\_ Position: circle one A M D GK

Players E-Mail (or parent): \_\_\_\_\_ Parents E-Mail (required):

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone:

\_\_\_\_\_  
\_\_\_\_\_ Cell Phone:  
\_\_\_\_\_

**Medical Treatment Authorization**

I/We, being the legal guardians of the above applicant, authorize the All American Lacrosse Camp/Clinic and its agents permission to request medical treatment as necessary to insure the well being of the applicant. I approve of my child's attendance at the All American Girl's Lacrosse Camp/Clinic and certify that she is in good health and able to participate in the program activities. I (am/am not) attaching a statement explaining special physical limitations on and/or required medical on. Please indicate if your child suffers from allergies, asthma, diabetes, restricted activities, etc. In further consideration on of the All American Girl's Lacrosse Camp/Clinic accepting this application on, I/we hereby agree to save and indemnify and keep harmless the All American Lacrosse Camp/Clinic, its agents, sponsors and employees against any and all liability, claims, judgments or demands for damages arising as a result of injuries sustained by the applicant during or as a result of any course given the applicant of the All American Lacrosse Camp/Clinic.

Player Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent or Guardian Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone

#: \_\_\_\_\_ Health Insurance Carrier: \_\_\_\_\_ Policy

#: \_\_\_\_\_