

# Lacrosse Pre-Season Conditioning Camp

**Who?** Attention Girls Lacrosse Players!

**What?** Vantage Sports Performance is providing a pre-season conditioning camp specific for the needs of Girls Lacrosse. (Coached by Wendy Breault)

**Why?** This is an inexpensive way to work on your agility, speed, core strength and conditioning prior to the start of your season.

**Where?** Andover Community Center (YMCA) Corner of Hansen and Crosstown Blvd in Andover, MN.

**When?** Monday, 3/22, Wednesday 3/24 and Friday 3/26 from 3:30pm-5:00pm. There will be a **half hour of free gym time to work on your passing** plus 1 hour of strength, conditioning and agility.

**Cost?** Only \$15.00! Vantage Sports Performance is offering inexpensive sport specific strength and conditioning camps to introduce our professional services to the community.

**Please wear court or running shoes**, cleats are not allowed! Please **also bring your stick** as some of the running and drills involve carrying your stick.

**Visit our Website to learn more about us!**

VantageSportsPerformance.Com  
Coach Wendy Breault 763-202-6009  
[Info@VantageSportsPerformance.com](mailto:Info@VantageSportsPerformance.com)

**You must call** and leave your name by 3/15 if you plan on attending! 763-202-6009. Then bring the below registration form **with parents signature** to the first session.

## Registration Form

Name \_\_\_\_\_

Phone \_\_\_\_\_ text yes no

Age \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## **General Release Form Statement of Understanding & Release of Liability**

By signing below, I hereby authorize the Vantage Sports Performance to act for me, my child (full name) \_\_\_\_\_ or guest in an emergency and hereby release and agree to indemnify Vantage Sports Performance their coaches, and their employees, and other participants from any liability for any injuries or illness, losses, or damages sustained while I, the above minor, or guest are involved or participating in any Vantage Sports Performance program or training session. I further understand that attending a program of this kind can involve risk of injury. I accept full responsibility for my and the above mentioned participant's medical bills, if any, and all other associated expenses as a result of injuries or illness sustained while any of the said persons are in attendance. The above mentioned person is attending this program at his/her own risk.

\_\_\_\_\_  
Parent/Guardian Signature Date

Parent name \_\_\_\_\_

Emergency number \_\_\_\_\_