

TRI-STATE
L A C R O S S E

FOCUS
TRAINING

AT
TURF CITY

TRAINING WITH

STEP DODGE V-CUT POKE CHECK HI-LO
QUICK STICK GET LOW LANE IT DOUBLE
CREASE ROLL MAN BALL CUTTER ANTICIPATE
SHOOT DOWN OVERHAND FOLLOW-THROUGH SLAP
FAKE ZONE SIDE SAG BALL CRADLE PROTECT
X-CUT STEP JUDGE IT ONE POKED STEP TO HI-LO
QUICK STICK CLEAR DOWNFIELD OVERHAND DOMINANT SLAP
SHOOT FAKE ZONE MAN TO MAN SAG BALL CRADLE PROTECT
X-CUT SIDEARM GOALSIDE UPFIELD STEP TO

JOE TURCO
BOYS INSTRUCTOR

SUE MONTEGARI
GIRLS INSTRUCTOR



Finally a training program designed to
FOCUS on specific skill sets.
Learn key elements of the game each week,
always in-depth, never leaving you feeling like
you just got started!



AVAILABLE SESSIONS

Session 1

9/30, 10/7, 10/14, 10/21, 10/28

Session 2

11/4, 11/11, 11/18, 12/2, 12/9

Session 3

01/6, 01/13, 01/20, 01/27, 02/3

Session 4 (Boys & Goalies Only)

02/10, 02/17, 02/24, 03/3, 03/10

LEVELS

Youth (Girls' or Boys')

4:00pm - 5:00pm

Goalies (All Ages)

4:30pm - 5:30pm

HS (Girls' or Boys')

5:00pm - 6:00pm

PRICING

Pay-Per-Week Option

\$50.00

Complete Session Pkg

\$225.00

PRESENTED BY **TRI-STATE**
L A C R O S S E

fo-cus (n.):

a center of activity, attraction or attention;
close or narrow attention; concentration

PLAYER APPLICATION & WAIVER

Player Name: _____

Email: _____

Home Ph: _____ Emergency Ph: _____

Address: _____

City: _____ ST: _____ Zip: _____

Date of Birth: _____ Age: _____ HS Grad YR: _____

Spring Team: _____ Pos: _____

US Lacrosse # (Mandatory): _____

Health Insurance / Policy #: _____

- SELECT LEVEL**
- Boys Youth (4:00pm - 5:00pm)
Grades 3 through 8
 - Boys' HS (5:00pm - 6:00pm)
Grades 9 through 12
 - Girls' Youth (4:00pm - 5:00pm)
Grades 3 through 8
 - Girls' HS (5:00pm - 6:00pm)
Grades 9 through 12
 - Goalies (4:30pm - 5:30pm)
Grades 3 through 12; Boys & Girls

- SELECT DATES**
- Session 1 \$225
9/30, 10/7, 10/14, 10/21, 10/28
 - Session 2 \$225
11/4, 11/11, 11/18, 12/2, 12/9
 - Session 3 \$225
01/6, 01/13, 01/20, 01/27, 02/3
 - Session 4 (Boys' & Goalies Only)
02/10, 02/17, 02/24, 03/3, 03/10
 - Pay-Per-Week \$50/ea
DATE: _____
DATE: _____
DATE: _____
DATE: _____

Mail Pymt & Application To:

TRI-STATE LACROSSE
1235 Route 23
Wayne, NJ 07470

FOR OFFICIAL USE ONLY
PYMT DATE

AMT / TYPE
_____/_____
FOCUS

Refund Policy:

NO REFUNDS for any reason.
Credit towards other Tri-State Lacrosse programs will be handled on a case by case basis.

Payment Information

- Cash \$ _____ Credit Card(check card type) Visa MC \$ _____ + \$3 processing fee
- Check \$ _____ Card #: _____ Exp Date: _____
Make checks payable to: TRI-STATE LACROSSE Security Code (3-Digits on Card Back) _____ Billing Zip: _____

AMATEUR ATHLETIC MINOR WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Tri-State Lacrosse athletics/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participation he or she should inspect the facilities and equipment to be used, and if the participant believes anything unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the actions, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not sue TRI-STATE LACROSSE, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, individual team coaches, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or her heirs and the next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.
5. I give consent to have pictures, video footage and other similar media taken of the participant and agree that such media is the property of Tri-State Lacrosse and may be used to their discretion as needed.
6. I agree to the refund policy.

I/WE HAVE READ THE ABOVE WAIVER, RELEASE, AND REFUND POLICY AND I UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS

PARENT OR GUARDIAN (SIGNATURE/RELATIONSHIP)

DATE

PRINTED NAME OF PARENT OR GUARDIAN

PRINTED NAME OF PARTICIPANT

TRI-STATE LACROSSE IS A DIVISION OF TRILAX INC.