

2010 TRYOUTS

TRI-STATE

L A C R O S S E

TRI-STATE LACROSSE ALL STAR PROGRAM TRYOUT INFORMATION

LOCATION: **NORTH** **CENTRAL/SOUTH**
 Turf City Robbinsville Field House
 1235 Rt 23 153 Manor Way
 Wayne, NJ Robbinsville, NJ

TRYOUT FEE \$75 / PLAYER
Make checks payable & mail to:
TRI-STATE LACROSSE
PO Box 321
Hightstown, NJ 08520

COST: \$75 per player

SURFACE: Indoor, Artificial Turf

EQUIPMENT: All Mandatory Field or Goalie Equipment Including Long Poles for Defensemen

TIMES:	14's	NORTH	November 14, 2009	12:00pm to 1:30pm
		CENTRAL/SOUTH	November 17, 2009	8:15pm to 10:00pm
	12's	NORTH	November 14, 2009	10:00am to 11:30am
		CENTRAL/SOUTH	November 17, 2009	6:30pm to 8:15pm
	10's	NORTH	November 14, 2009	10:00am to 11:30am
		CENTRAL/SOUTH	November 17, 2009	5:00pm to 6:30pm

2010 PROGRAM DETAILS

AGE REQUIREMENTS: *Age divisions are the same as U15, U13 and U11.

- 14** Players must be 14 years of age or younger as of January 1, 2010. Players must not have had any official form of High School experience (Freshman, JV or Varsity) prior to the summer of 2010.
- 12** Players must be 12 years of age or younger as of January 1, 2010.
- 10** Players must be 10 years of age or younger as of January 1, 2010

TRYOUT STRUCTURE: Upon arrival, players will need to check-in to receive their tryout jersey. We will then stretch and go through line drills as a group. The first part of tryouts will be station work. Players will rotate through several stations including drills such as 1v1, 3v3, 4v3 and ground balls. We will also have separate drill work for face-off midfielders and defensive midfielders (long stick midfielders included). The latter half of tryouts will consist of scrimmaging. The purpose of our tryouts is to not only evaluate talent for our summer teams but also provide all attendees with a learning environment through which they may find ways to improve their game.

HOW ARE PLAYERS NOTIFIED OF THEIR STATUS? Players will be mailed a letter notifying them as to whether they have made the program or not after all tryouts have been completed (this includes North and South locations). Those players who make the program will be offered a spot as either a "Travel" or "Practice" player. Travel players are asked to commit to all tournaments & to attend training sessions and practices. Practice players are asked to attend all training sessions & practices.

HOW OFTEN DO TEAMS TRAIN AND TRAVEL? Teams practice one to two times per week depending on the tournament schedule throughout June and July. Our teams travel to four tournaments over that same period of time. Past summers have included travel to the Baltimore area, Long Island, Princeton and Philadelphia region.

WHO ARE THE COACHES? Our coaching staff features the area's best instructors. Current Youth Program coaches include: Bob Turco, Steve Jacobson, Rodger Colbert, Joe Haemmerle, Marc Jacobson and David Klipstein. A current list will also be available on www.trilax.com or by emailing program director, Ross Turco (rossturco@trilax.com).

For Further Questions or Information....Email Ross Turco (rossturco@trilax.com)

WWW.TRILAX.COM

BOYS' ALL STAR PROGRAM

Website: www.trilax.com
P 609.371.7000 / F 877.763.4441

2010 BOYS' YOUTH ALL STAR TRYOUT APPLICATION (\$75 Per Player Non-Refundable Tryout Fee)

_____ Check here if you are a returning Tri-State All Star from the Summer of 2009.

TRYOUT LOCATION: (PLEASE CIRCLE SELECTION)	NORTH	CENTRAL/SOUTH	
AGE GROUP: (PLEASE CIRCLE SELECTION)	14	12	10
PRACTICE LOCATION: (PLEASE CIRCLE SELECTION)	NORTH	SOUTH	

_____ Check here if want to tryout but cannot attend the North or Central/South Tryout.
(Alternate Tryout information will be emailed on an individual basis)

PLAYER INFORMATION:

Player Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Home Phone: _____ Parent Cell: _____

Parent Email: _____ Player Email: _____

Parents Names: _____

Grade (as of 12/09): _____ POS: _____ DOB / AGE _____

Spring Program: _____ Dominant Hand: _____

US Lacrosse # (mandatory): _____

Health Insurance Co: _____ Policy #: _____

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, 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

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