

2012 XCEL Boys Pre-Season Lacrosse & Conditioning Program

Lacrosse Performance's XCEL Training Program: Each week of our 4 week program consists of four sessions. Our program is designed this way to properly train players for the rigors of the up-coming season. Our unique lacrosse training program will help you reach your lacrosse potential and make an impact this spring. A lacrosse training program must be carefully balanced with the rigors of one of the most strenuous team sports. The sport requires the physical and performance qualities of most other sports combined. Players must possess strength, power, speed, agility and endurance. Players are almost constantly moving as they attempt to maneuver the ball into the goal.

Ages: Ages 15-18

Dates: February 20, 21, 22, 23, 28, 29 March 1, 2, 6, 7, 8, 9, 13, 14, 15 & 16

Times:

(Mon) 8pm-9:30pm, (Tue) 8:30pm-9:30pm, (Wed) 8pm-9:30pm, (Thurs) 8:30pm-9:30pm

Cost: \$305/player if signed up before February 3. \$325 if signed up after February 3.

(Early Bird Deadline for registration is February 3rd)

Mail Applications to: Hit Quarters; 3 Tennis Drive, Shrewsbury MA 01545

Player Name: _____ DOB: _____
Address: _____ Town: _____ ZIP: _____

Home Phone: _____ Cell: _____ EMAIL: _____

Emergency Contacts:

1) Name: _____ Relationship: _____ Phone: _____

2) Name: _____ Relationship: _____ Phone: _____

Any Medical Conditions: _____

Payments must be in the form of cash or check, made out to: **Hit Quarters LLC**

Parents/Legal Guardians must sign below before the player is accepted into the clinic:

As parent/legal guardian of the child named herein, I hereby represent that the child has been examined by a pediatrician and is physically fit to participate in the Hit Quarters Baseball Clinic. I understand there are inherent risks in participating in this athletic program. I hereby take responsibility for all costs of medical treatment and indemnify Hit Quarters LLC., including coaches against all claims. I also consent to allow medical treatment in case of emergency.

Signature of Parent/Legal Guardian: _____ Date: _____

Please circle or check the program(s) of interest and send in with full payment.