



Fall Frenzy

The Ante-Up Lacrosse Camp is designed to make good players exceptional and to bring novice players up to a competitive level. Everyone knows that in order to be the best, you have to learn from the best, and that is what Ante-Up Lacrosse is all about. We have taken the finest college and pro lacrosse players and brought them to you.

Location: Marvin Dunteman Park
61 Witt Rd, South Barrington, IL
Dates: September 26-27, October 3,4
Type: Day Camp 10-2PM
Cost: \$375
Contact: Tim Duffy 708-606-0177

Camp Features

- Daily Teaching Stations/ Playing Time
- Special Situations (Face Off, Man Up, etc.)
- Individual Instruction
- Certified Trainers
- Special Goalie Clinic
- Shooting Clinic
- Camp Mesh Reversible
- Fastest Shot Contest
- Camp Raffle
- Agility Seminar
- Personal evaluation
- Recruiting seminar

NAME _____ AGE _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE () _____
 E-MAIL ADDRESS _____
 POSITION: _____
 YEARS OF EXPERIENCE _____
 SHIRT SIZE _____

Please make checks payable to “Ante-Up Lacrosse” and drop off in Coach Jason Kaiser’s Room (E-281) at BHS by September 23rd, 2009:

Featuring



Tim Duffy
Chicago Machine MLL 06
Team UK
2004 European Games Gold Medalist
The Ohio State University
All American



Ricky Pages
Long Island Lizards MLL
Minnesota Swarm NLL
MLL All-Star
3x All American



Gary Bining
Colorado Mammoth
Boston Blazers NLL
NLL player of the week
NLL rookie of the week
The Ohio State University
All GWLL

Adam Miller- Chicago Machine MLL, All-American
Kyle Harer- Cornell University

*and many more special appearances



Ante-Up Lacrosse
 PO Box 1062
 Chicago, IL 60690

Athletic Waiver and Release of Liability

This document must be read, signed and received prior to camper's participation. Submit this completed waiver with your mailed-in application or when you check in at camp.

Camper's Name:

In consideration of being allowed to participate in any way in the Ante-Up Lacrosse athletic sports programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation: and,
3. I willingly agree to comply with the stated customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and will immediately bring such hazard(s) to the attention of the nearest official: and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, Ante-Up Lacrosse, Inc. their officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of the premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or less damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF THE RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Participant's Signature

Date

For Participants of Minority Age (Under 18 at the time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Parent / Guardian Signature

Date

Print Name



Ante-Up Lacrosse
PO Box 1062
Chicago, IL 60690

Emergency Contact

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE () _____

CELL PHONE () _____