Box 7158, Davidson, NC 28035 \* (704) 894-2525 – Phone \* (704) 894-2556 – Fax

www.davidsonlacrossecamps.com

### CAMP INFORMATION - GIRLS GRADES 7-12:

- Monday, July 10<sup>th</sup>, 2017 Wednesday, July 12<sup>th</sup>, 2017
- Check-in @ 12:30pm; Check-out @ 2:30pm SENTELLE RESIDENCE HALL
- Camp begins at 2:00pm SHARP and ends at 2:30pm
- Charlotte Airport shuttles will run from 9:30am 12:30pm on Monday, July 10th please plan accordingly
- Airport shuttles will LEAVE DAVIDSON between 2:45pm 4:30pm on Wednesday, July 12<sup>th</sup>

<u>ALL FORMS</u>: 2-Registration (1 page); 3-Medical Form (1 page); 4-Directions (2 pages); 5-Departure release form for commuters only (1 page); 6-Flight information form for shuttle (1 page); 7-Campus Map

### CAMP STAFF:

- The current Davidson lacrosse coaches will be leading the camp along with current and past Davidson players and a certified athletic trainer.
- <u>Brittany Dipper</u> Assistant Women's Lacrosse Coach at <u>Elon University</u>. 2x First Team All-American at Maryland University and National Goalie of the year.
- <u>**Cawley Bromley**</u> Assistant Women's Lacrosse Coach at <u>**Campbell University**</u>. 4-year Varsity attacker at Virginia Tech who played in 57 games while tallying 30 goals and 32 assists.

## MEDICAL FORM:

• The medical form is a two-page form and must be completed PRIOR to your arrival on campus. A physician's signature is required. You may attach an up to date physical to the form but you still need a signature. Please FAX, email or bring the form with you to camp. Any camper who does not have their medical form will not be allowed to participate.

### AIRPORT SHUTTLE:

 Airport shuttles will be driven by Davidson coaches and will run to and from Charlotte International Airport (CLT). There is a fee of \$20.00 one-way or \$35.00 round trip. Please complete the form and email it to <u>kiwayne@davidson.edu</u> as soon as the flight is booked, or no later than Monday, July 3<sup>rd</sup>, 2017.

## CANCELLATION POLICY:

- 20% of your camp tuition is non-refundable
- In order to receive a partial refund we must be notified no later than Sunday, June 25th, 2017.
- If an injury, illness or any other circumstance does not allow you to cancel prior to June 25<sup>th</sup> we can offer two options
  1 you can send a sibling in your place or 2 the camp tuition will be rolled over to next year.

### WHAT TO BRING:

Stick, goggles, mouth-guard, gloves (if you need them), water bottle, shorts, t-shirts (or tanks), socks, underwear, footwear (cleats, turfs, sneakers, flip flops), personal toiletries, sheets, blankets (dorms are air-conditioned), pillows, towels, SUNSCREEN. \* Goalies must bring their own equipment. Money for the camp store – Davidson lacrosse gear, pizza, snacks and cold drinks!

### CAMP PRICES:

- Overnight campers \$495.00; Day campers \$445.00
- There is a camp discount of \$50.00 if 6+ players from the same HS or club team attend.
- Checks should be made out to NoCar Lacrosse, LLC please put campers name in the memo section.
- You may register and pay with a credit card at www.davidsonlacrossecamps.com

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## 2017 Davidson Lacrosse Camp Registration Form

Name:					
Address					
City:			; State: _		
Zip:		; F	Phone:		
Email:		;	HS Grad Year:		
Date of Birth:	; Yea	rs of Lacrosse	Experience:	; Height:	
High School:			_; Club Team:		
Circle One:	ATTACK	MIDFIELD	DEFENSE	GK	
Circle One:	OVERN	light	COMMUTER		
Roommate Request:					
representatives or assigns camp employees, from all give permission to the coa injury or illness. SIGN:	s, including the Departu claims resulting from a aches, training staff or	ment of Intercollegi any injury sustained other medical profe	ate Athletics and Physica d by my child while traveli essionals to provide medic	avidson College, its agents, truste I Education, the coaching and trai ing and participating in the camp. Y cal care as deemed necessary to r	ning staff and We/I further hereby my child in case of

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## **Medical Form**

(Must be signed by physician prior to participation at camp)

Physician's	statement:
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,		
ddress:		
ity:	State:	Zip:
ffice Phone:		
arental Permit he law requires that parental permission be obtained for gned by the parent so that such proceedings may be p perative procedures. However, no operation will be per formed.	promptly carried out, and so th	at unnecessary delays will occur with
give my permission for such diagnostics, therapeutic a	nd operative procedures as m	ay be deemed necessary for my daughter.
the undersigned, hereby acknowledge and understand perated by or through Davidson College. The camp is ther is under the sole sponsorship and supervision of	neither sponsored, controlled	, nor supervised by Davidson College, but
hereby state that the NoCar Lacrosse Camp is not resp xisting injury or illness of the above camper prior to the esponsibility only for injuries incurred while the above of amping period. I understand that once a camper is en	first day the camper registers amper is participating in camp	s, and the NoCar lacrosse camp will assum o activities under supervision during enrolle
igned:		
elationship:	Date:	
amper's Name:		
amper's Name: treet Address:		

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## **Directions to Davidson College and Sentelle Residence Hall**

Davidson College is located 19 miles north of Charlotte, N.C., just off Interstate 77 at Exit 30.

Charlotte's Douglas International Airport, Greyhound and Trail ways bus lines, and an Amtrak railway station are 30 minutes away via I-85 and I-77.

## From the South:

From Charlotte, NC, take I-77 North to Exit 30. Turn right and proceed to campus.

From the North: From Statesville, NC, take I-77 South to Exit 30. Turn left and proceed to campus.

## From Atlanta:

Take I-85 North to Charlotte. Take I-77 North and proceed to Exit 30. Turn right and proceed to campus.

### From Greensboro, Raleigh, Durham, or Chapel Hill:

Take I-85 South to I-40 West. In Statesville take I-77 South. Travel approximately 20 miles to Exit 30. Turn left and proceed to campus.

**Baker Sports Complex Parking:** Go straight onto Griffith Street. You will enter two roundabouts. Keep going straight on Griffith Street through one light. Your second light will be Main Street and campus. From Griffith Street, turn right onto Main Street. At the light, make a left onto Concord Road. You'll pass Faculty Drive and Jackson Court on your left. Your next left will be Baker Drive. You should see the sign for the south entrance and the large Wildcat paw in the middle of the road. You can park anywhere in the lot on your right.

## Proceeding to Campus and Sentelle Residence Hall:

From Baker drive go through the stop sign. Richardson Stadium will be on your left. Continue around Knobloch Campus Center and Duke Family Performance Hall (on your left). The next building will be Sentelle Residence Hall (#60 on the campus map). You can load/unload behind the dorm, however parking is limited. If you wish to park your car, your best options are the Baker Sports Complex parking lots (adjacent to Baker Athletic Complex) and also behind Baker Athletic Complex.



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## **DEPARTURE/RELEASE FORM**

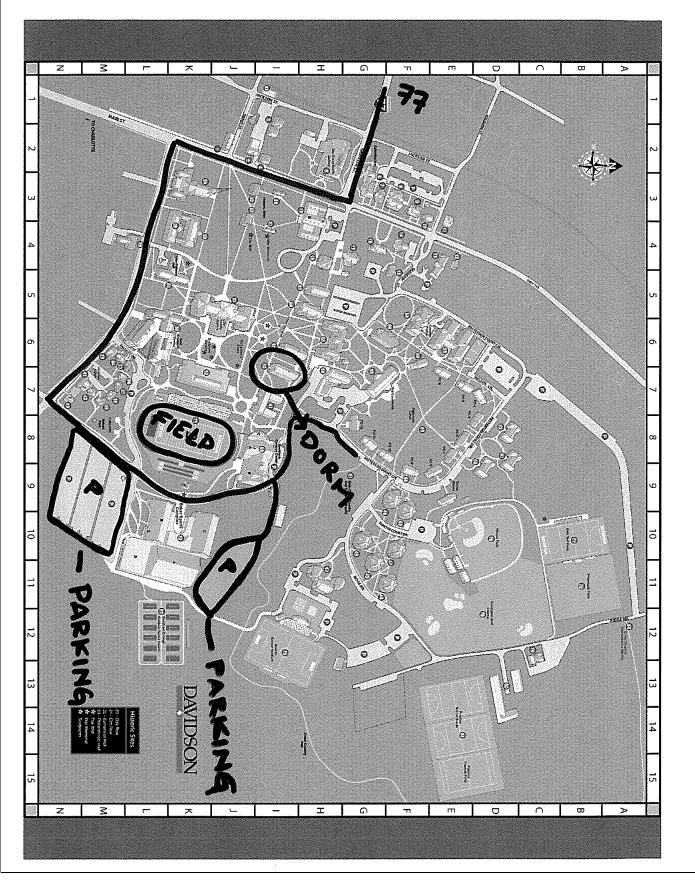
Please complete and return this form for <u>COMMUTER CAMPERS ONLY</u>. Your daughter will ONLY be released to parent / guardian listed on this form and individuals whose names appear below. All individuals must present photo identification when picking up your daughter from the program.

n	nay only be released to the following:
State:	Zip:
	_Date:
EMSELVES	
np. She will arrive and depart	, to be responsible for her own t via: CAR
	_Date:
DMM/ /ERY OMEI IW	
	State: EMSELVES Typ. She will arrive and depar She will arrive and depar

5

		<u>FLIGHT I</u>	NFORMA	TION:	
PLEASE RETUR	N NO LATER T	HAN MONDAY, J	ULY 3 <sup>rd</sup> , 2017		
ouglas Internation	al please call the <b>SDAY, July 6<sup>th</sup>,</b>	number listed on	the email you rece	eive PRIOR to yo	When you arrive at Charlot ur departure. <b>You can exp</b> to Kim Wayne 914.589.423
here is a \$20.00	one-way and \$	35.00 round-trip f	fee. Cash or che	ck will be accept	ted at check-in.
ampers Name:					
rents Name:					
rents Cell:					
<u> ONDAY – July 10</u>	<sup>th</sup> , 2017				
-	TIME	Airport	Flight #	Airline	Arrival Time
Departure DATE					
DATE					
	y 12 <sup>th</sup> , 2017				
DATE	l <b>y 12<sup>th</sup>, 2017</b> TIME	Airport	Flight #	Airline	Arrival Time
DATE EDNESDAY – Ju		Airport	Flight #	Airline	Arrival Time

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Hall	
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Duke Family H-4	18
Performance Hall	69
Hayes Amphitheatre	69
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Mariam Cannon Hayes 1-8	69 Oasis
Amphitheatre	(Alvarez College Union)
bemans Lecture Hall	65 Patterson Court
(perk visual Arits Center) 1-8 Tulor Folimon Holl	69
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(Journan Control) F-6	64
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<u>۳</u>	20 Oak Row
1-4	21 Elm Row
5-1	22
Eco House	ñ
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