2019 PROSPECT DAYS
For rising sophomores, juniors, and seniors
Middlebury lacrosse prospect days are an opportunity for high school student-athletes to showcase their talents to the Middlebury College men’s lacrosse staff and other higher-academic lacrosse programs. We are offering two sessions in 2019 which fill up quickly, so register early!

**THE MIDDLEBURY COACHING STAFF**

Dave Campbell  Head Coach
Bob Ritter  Assistant Coach
Gus Brakeley  Assistant Coach
Duncan FitzGerald  Assistant Coach

**GUEST PROGRAMS**

Williams College  Sessions 1 and 2
Hamilton College  at least 1 (TBD)
Union College  Sessions 1 and 2
St. Lawrence University  Session 1 (possibly Session 2)
GPS ADDRESS: Youngman Field at Alumni Stadium, Middlebury, Vermont.

CHECK-IN: Check-In opens the day of each session at 8:30 AM and runs until 9:20 AM at Alumni Stadium. In the case of bad weather, registration may move into the Peterson Family Athletics Complex (athletes will receive an email in this situation).

SCHEDULE/ROSTER: Once registration concludes at 9:20 AM, the session runs from 9:45 AM until 3:30 PM with an hour break for lunch. Hardcopy versions of the drill lists and game schedules will be available on site.

FOOD: Lunch will be provided for campers during each session. Please update us with any special dietary needs.

PLAYING SURFACES: We will use a combination of field turf and grass fields. Molded cleats work great on both surfaces.

COST: Cost per camper is $175 per session. Partial refunds will be granted if notified more than 10 days before the session. Cost includes a reversible, shorts and lunch.

SIZE: The camp is limited to 90 campers per session.

CAMPUS TOUR: A quick campus tour will be available at the end of the session. For a more detailed tour and info session, contact Middlebury College Admissions.

LODGING: All campers are responsible for their own lodging and transportation. See other side for suggestions.

PARENT ACTIVITIES: Although parents are most welcome to watch the drills/games, many have taken advantage of the great outdoor recreation Vermont has to offer. Typical activities include biking, hiking, and golfing (the Ralph Myhre Golf Course is located next to the stadium). The Addison County Chamber of Commerce is a great reference if you are looking for suggestions.
REGISTRATION FORM

Name ________________________________________________________________

Cell Phone ___________________________ Home Phone __________________________

Email ____________________________________________

Parent Email ____________________________________________

High School/State ____________________________________________

GRADUATION YEAR  ❑ 2020  ❑ 2021  ❑ 2022

PRIMARY POSITION (circle one) A  M  D  LSM  FO  G

SECONDARY (circle one) A  M  D  LSM  FO  G

SHORT SIZE (circle one) M  L  XL  XXL

DOMINANT HAND  ❑ Right  ❑ Left

SESSION  ❑ Session 1: Monday, June 24, 2019  ❑ Session 2: Wednesday, June 26, 2019

PAYMENT ($175 per session)  1 x $175 = ____________________________

Please make check payable to Middlebury College Lacrosse Camp. If you don’t receive confirmation, please contact Coach Brakeley.

Please check and include these all of the forms listed and mail to the address below:

❑ Registration form  ❑ General Release  ❑ Medical Release  ❑ Copy of Medical Insurance  ❑ Payment

Middlebury College Lacrosse Prospect Camp
c/o Gus Brakeley
219 South Main Street
Middlebury, VT 05753

Our camp is sponsored by Warrior Sports

LODGING SUGGESTIONS

Middlebury Inn
802-388-4961
www.middleburyinn.com

Courtyard Marriott
802-388-7600
www.marriott.com/hotels/travel/btvcy-courtyard-middlebury/

There are several other local options that can be found on the Middlebury College web site (search “Lodging”). Most major hotel chains can be found in Rutland or Burlington (45-minute commute time).
Medical Authorization Form for
MIDDLEBURY COLLEGE LACROSSE PROSPECT CAMP
❑ Session 1: June 24, 2019  ❑ Session 2: June 26, 2019

Name of Camper/Athlete ________________________________
Last / First / M.I.

TO WHOM IT MAY CONCERN:

I agree to permit my son ______________________ to participate in all camp activities at the 2019 Middlebury College Lacrosse Camp. I hereby grant permission to those parties supervising the Middlebury College Lacrosse Camp, to obtain emergency treatment for my child ______________________ if necessary.

(Full name with middle initial)

I also do hereby agree to release the staff of the Middlebury College Lacrosse Camp their representatives, agents, servants, and employees from liability for any injury to said minor child, resulting from any cause whatsoever occurring to said child, at any time, while attending the Middlebury College Lacrosse Camp.

(Print and Signature of PARENT/GUARDIAN)

EMERGENCY

I authorize the camp director, Gus Brakeley, to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of accident or illness sustained by my son, and I will provide for the payment of these costs.

(Print and Signature of PARENT/GUARDIAN)

Is there any medical aspect we need to know about your son? If yes, please provide an explanation below.

_________________________________________________________________________________________________________________

(Print and Signature of PARENT/GUARDIAN)

Please List any allergies to medications below:

_________________________________________________________________________________________________________________

Name of Insurance Company ________________________________

Insurance Policy No. ________________________________

(Please FAX a copy of your insurance card along with form.)

Family Physician or Clinic ________________________________

Address ________________________________

Phone ________________________________

Students Full Name ________________________________

Address ________________________________

Home Phone (_____) ________________________________

Emergency Contact ________________________________

Address ________________________________

Business Phone (_____) ________________________________

Home ________________________________

Relationship ________________________________

Emergency Contact ________________________________

Signature ________________________________

Parent/Guardian Signature ________________________________

PARENT/GUARDIAN

Please include a copy of your health insurance card along with this form...send via FAX or US Mail to:

FAX: 802-443-2091  attn: Middlebury College Lacrosse Camp

US MAIL:
Middlebury College Lacrosse Camp
C/O Gus Brakeley
219 South Main Street
Middlebury, Vermont 05753

Please submit ALL FORMS by the deadline: 7 days in advance of the session
The President and Fellows of Middlebury College Herein Known as Middlebury
Sports Activities - General Release and Covenant Not to Sue

This is a release of your legal rights. Review this document carefully and make sure you understand it before signing. Please keep a copy for your records.

Name of Participant (PRINT): ____________________________________________
Telephone No.: _______ Address: _____________________________
Sports Activity: _______________________________________________________

__________________________________________________________

Academic Year (e.g. 2011-2012, Summer 2012, etc.): ________________________

I desire to participate in the above-listed Sports Activity. I understand, fully appreciate, and am willing to accept the dangers, hazards and risks inherent in the Sports Activity including, but not limited to, the possibility of injury or illness, including serious injury, paralysis or death, as well as property damage.

I understand that I am not required to participate in the Sports Activity but I want to do so, despite the known dangers, hazards and risks. I hereby agree to abide by all rules and instructions governing the Sports Activity. I hereby affirm that I have no health-related conditions that preclude or restrict my participation in this Sports Activity and I agree that, if any such conditions develop, I will inform Middlebury about them. I also affirm that I have adequate health insurance to provide and pay for any medical costs incurred as a result of my participation in this Sports Activity.

I am not relying on Middlebury to supervise or control my participation in the Sports Activity, or to warn me of every possible danger associated with it. I understand I am solely responsible for assessing my own skills and abilities to participate safely in the Sports Activity. Knowing the dangers, hazards and risks and in consideration for being allowed to participate, on behalf of myself, my family, estate, heirs, executors, administrators and assigns, I hereby accept all dangers, hazards and risks that may result from my participation in the Sports Activity and I hereby release Middlebury, its employees and agents from any and all claims, suits and expenses for loss of or damage to my property and for any illness or injury to me, including my death, that may result from or occur during my participation in the Sports Activity, whether caused by the negligence of Middlebury, its employees or agents, or otherwise, to the fullest extent allowed by law.

I further agree to indemnify and hold harmless Middlebury, its employees and agents, from all liability, claims, suits, and expenses that may arise out of my own negligent or intentional acts or omissions, while participating in the Sports Activity, and I assume full responsibility for my own actions.

I HAVE CAREFULLY REVIEWED THIS “GENERAL RELEASE AND COVENANT NOT TO SUE” AND I HEREBY CONFIRM MY UNDERSTANDING OF ITS CONTENTS AND AGREE TO BE BOUND BY ITS TERMS AS A CONDITION OF MY PARTICIPATION IN THE ABOVE ACTIVITY.

I    AM    AM NOT 18 YEARS OF AGE OR OLDER. (Please check as appropriate.)

Participant Signature: __________________________ Date: __________________

Parent/Guardian Signature: __________________________ Date: __________________

Parent/Guardian Name (PRINT): ________________________________________

(If participant is under the age of 18 years old, this must be signed by participant’s parent or legal guardian.)