

CAMP DIRECTOR PETE SCHROEDER

Pete Schroeder is the head lacrosse coach at Trinity High School in Louisville. He started the program in 2002, has won over 100 games and led Trinity to Kentucky Lacrosse Association state titles in 2004, 2005, 2006 and the 2007. Coach Schroeder was also awarded the 2008 KLA Coach of the Year award. He's coached two all-americans, three academic all-americans, five players picked for the national senior showcase game & numerous all-state players in his career at Trinity.

Coach grew up in Flemington, NJ where he played for his father at Hunterdon Central High School & played in college at Kutztown University in Pennsylvania. He brings over 20 years of playing & coaching experience to the Rock Steady Camp.

Coach Schroeder will be assisted at Rock Steady by members of his Trinity coaching staff as well as current & former Trinity players.

FEES: \$135 (\$125 before May 15) int/adv
\$50 beginners
checks payable to: **POST SCRIPT, LLC**

Mail check & forms to:
3413 Dell Road, Louisville, KY 40299

Questions? Contact Pete Schroeder
608-7164 cell phone
pete@schroeder.net

ABOUT THE ROCK STEADY LACROSSE CAMP

Directed by Trinity High School Coach Pete Schroeder, the 4th-annual Rock Steady Lacrosse Camp is open to boys players of all levels of experience entering grades 5-9 in the fall of 2009.

We have split the camp into three groups this year to match campers of similar experience. The beginners camp will run on June 3 & 4 and the intermediate & advanced camps will run all three days.

Campers can expect to work on specialized skills like shooting, stick-handling, individual defense, faceoffs and goaltending. Rock Steady will feature both small-group instruction and scrimmaging. All campers will receive a reversible jersey and we will have prizes, contests & other giveaways.

The camp will be held at the home of the Rocks, on the turf at beautiful Marshall Stadium on Trinity's campus in St. Matthews.

This camp has been very popular in the past—we had a waiting list last year. Sign up early & be a part of it!

4th ANNUAL ROCK STEADY LACROSSE CAMP

**For Boys Lacrosse
Players
Entering grades 5-9**



**JUNE 3-5, 2009
MARSHALL STADIUM, TRINITY HS**

Beginners

(June 3rd & 4th. sticks only, 8-10 am)

Intermediate

(all days & equipment, 10:30-1:30 pm)

Advanced

(all days & equipment, 6-9 pm)

**ROCK STEADY LACROSSE CAMP
REGISTRATION**

(Please Print)

Camper's Name _____

Parents Names _____

Please check one:

Beginner session (June 3 & 4, 8-10 am)? ___

Intermediate (June 3-5, 10:30-1:30 pm)? ___

Advanced session (June 3-5, 6 – 9 pm)? ___

Address: _____

City.State. Zip: _____

Phone: _____

e-mail: _____

grade level _____ age _____

team _____

position _____

of spring seasons of experience _____

Amount Enclosed: _____

\$50 beginners;

\$135 advanced & intermediate

(\$125 by May 15, 2009)

**Mail registration & payment to:
Rock Steady Lacrosse Camp
3413 Dell Road
Louisville, KY 40299**

Medical Release & Indemnity Agreement

NAME OF CAMPER _____

Insurance & Medical Treatment:

Coverage for accidental injury is required by all participants. In most instances, family health insurance is adequate. Please indicate your family health plan provider below:

Health Ins co: _____ Policy: _____

Release & Indemnity Agreement

I request that my child, identified above, be permitted to participate in the Rock Steady Boys Lacrosse Camp. I represent and warrant that (i) I am familiar with the game of lacrosse, (ii) I understand that lacrosse necessarily and inherently involves exposure to injury, (iii) I understand that any injury that may occur will not be the responsibility of Post Script LLC, its staff & coaches, or any persons identified below as release & indemnified parties, (iv) My child is in good physical condition and has no medical reasons that might affect his taking part in the Rock Steady Lacrosse Camp or playing lacrosse, (v) I have the power & authority to sign this release & indemnity agreement on behalf of myself and my child, and (vi) I have read and understand this Release & Indemnity Agreement and intend in all respects that my child & I be bound by it.

ON BEHALF OF MY CHILD & MYSELF & FOR GOOD REASON & VALUABLE CONSIDERATION, INCLUDING IN WRITING & MY CHILD'S PARTICIPATION IN THE ROCK STEADY LACROSSE CAMP, THE SUFFICIENCY OF WHICH CONSIDERATION IS ACKNOWLEDGED, I HEREBY RELEASE & FOREVER DISCHARGE & AGREE TO DEFEND, INDEMNIFY & HOLD HARMLESS POST SCRIPT, LLC, ROCK STEADY LACROSSE CAMP, THEIR COACHES, STAFF & ASSISTANTS, FROM ANY & ALL CLAIMS, DEMANDS, ACTIONS, LAWSUITS, DAMAGES, COSTS, EXPENSES, AND ALL LIABILITIES ARISING FROM OR RELATED TO MY CHILD'S PARTICIPATION IN ROCK STEADY LACROSSE CAMP. THIS RELEASE & INDEMNITY AGREEMENT SHALL BE BINDING ON ME, MY CHILD, AND, IF APPLICABLE, MY AND MY CHILD HEIRS, EXECUTORS, ADMINISTRATORS AND PERSONAL REPRESENTATIVES. THIS RELEASE AND INDEMNITY AGREEMENT SHALL BE GOVERNED & CONSTRUED UNDER THE LAWS OF THE STATE OF KENTUCKY.

NAME OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN SIGNATURE: _____

