



CORTLAND LACROSSE PROSPECT CAMP 2025 - 2026- 2027

DATE:

Thursday

July 25, 2024

LOCATION:

**SUNY Cortland
Stadium Complex**

17 Lankler Dr.
Cortland, NY 13045

SCHEDULE:

10:30 am - **REGISTRATION**
11:00 am - **WARM-UP/STRETCH**
11:15 am - **STICKWORK/FOOTWORK**
11:30 am - **POSITIONAL SKILLS**
12:00 pm - **6v6**
12:30 pm - **TRANSITION DRILLS**
1:00 pm - **SCRIMMAGE**
3:00 pm - **OPTIONAL TOUR**

For more information please visit:

You can also contact:

TJ Bardsley

SUNY Cortland Associate Head Coach

Office: (607) 753-4993

Cell: 607-423-5919

Email thomas.bardsley@cortland.edu

Experience SUNY Cortland first hand while participating in college-style practice sessions run by the Red Dragon staff. Take in the tradition of an elite program with four National Championships, 25 SUNYAC titles, and 18 straight NCAA Div. III appearances. Check out our facilities, tour campus and have the opportunity to be instructed by the Cortland Mens Lacrosse staff!

CORTLAND LACROSSE PROSPECT CAMP



Student-Athletes will be coached and evaluated during individual drills, practice sessions, and a scrimmage which will conclude the day. Participants will work closely with the entire Cortland Men's Lacrosse Coaching Staff.

*ALL ATHLETES ARE REQUIRED TO WEAR FULL EQUIPMENT IN ORDER TO PARTICIPATE! Full equipment includes helmet, shoulder pads, elbow pads, gloves, AND mouth-guard. All lacrosse activities will take place on Grady Field in the Stadium Complex (turf) if weather allows OR inside Lusk Field House (all-purpose floors)- all players need to bring sneakers (basketball shoes/cross trainers etc.) in case the weather pushes us into Lusk.

COST: \$125 (Please make checks payable to: SUNY Cortland Men's Lacrosse)

****Pre-registration is required. Please complete waiver and return form by Friday July 19, 2024 to the address below:**

**Cortland Men's Lacrosse
PO Box 2000
Cortland, NY 13045**

WAIVER/RELEASE OF LIABILITY

Participant's Name: _____ D.O.B.: _____

Street Address: _____ Grad. Year: _____

City, State, Zip: _____

Player Cell Phone: _____ High School: _____

Player E-mail: _____ Position: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Number: _____ E-mail: _____

As the parent/guardian of the child named above, I understand the risks involved in the above participant's (son) involvement in Lacrosse Prospect Camp sponsored by SUNY Cortland. I verify that my son has an up-to-date physical and is hereby released to participate in any/all activities associated with Prospect Camp. I verify that he has no physical impairments/disabilities that would preclude him from participation or make him prone to injury. I understand and acknowledge that in the case of illness, accident or injury my child will be evaluated by and receive medical treatment from emergency response personnel. By signing this waiver, I fully and irrevocably agree that SUNY Cortland, it's agents, students, employees, and the SUNY Cortland Lacrosse Team shall not be held responsible or liable for any injury or otherwise. I acknowledge and understand that I am responsible for any and all bills generated for first aid, medical and emergency services for my child resulting from any incident, injury or otherwise, while participating in this event.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____