



# LaxStarz Academy



LaxStarz is designed for athletes who are committed to improving their game. It is an intense program that is focused on challenging every athlete in all aspects of Lacrosse. Coach Mezz (with the help of The Arena Club Sports Performance & LaxStarz Academy Staff) hopes to give your son the skills & training methods necessary to develop his game to the fullest.

## LaxStarz Academy will cover the following:

- Stick Handling & Protection
- Scooping
- Dodging
- Throwing & Catching
- Feeding & Cutting
- Shooting
- Off-Ball Movement
- Picking
- Defensive Stance & Checking
- Transition Drills
- Speed & Strength
- College Recruitment Process

**"I have told everyone that will listen, that this is the BEST MONEY YOU CAN SPEND for your son to learn to play lacrosse the right way."**

-Parent of LaxStarz Academy Athlete



2304 Churchville Road  
Bel Air, MD 21015  
**410-734-7300**  
[www.thearenaclub.com](http://www.thearenaclub.com)

**Members: \$180**  
**Non-Members: \$215**

**6:00-7:30pm**

Elementary & Middle School Players

**November 12-December 19, 2013**

ALL SESSIONS MEET ON TUESDAY & THURSDAY

Middle & High School Players

**January 21-February 27, 2014**



**Coach Frank Mezzanotte**  
**"Coach Mezz"**

Former Harford Community College Head Coach  
Former Edgewood High School Head Coach  
Co-Director of Harford Lacrosse Camp  
All-American Defenseman at Towson University  
Towson University Athletic Hall of Fame  
1994 College Coach of the Year



# Program Registration Form



**NAME OF PROGRAM:** \_\_\_\_\_

**DAY(S) OF PROGRAM:** \_\_\_\_\_ **DATE(S) OF PROGRAM:** \_\_\_\_\_

**PARTICIPANT'S NAME:** \_\_\_\_\_ **MEMBER:** **Y** **N**

**AGE:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **MALE or FEMALE:** \_\_\_\_\_

**PARENT NAME** (if participant is under 18): \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME #:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **CELL #** \_\_\_\_\_

**HEALTH INFORMATION:** Please list any special needs, medical or behavioral conditions, or medications that we need to be aware of to ensure your child's safety (allergies, asthma, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**RELEASE:** I have read and answered to the best of my knowledge, the above questionnaire. I agree that all exercise and activities (including, but not limited to exercise classes, cardio, strength equipment, pools, field activities) here at the club shall be undertaken by me at my sole risk. I release Harford Health & Fitness Club, Inc., its officers, directors, employees and shareholders, from any claim for any injury to me personally, damage to my personal property, or theft thereof, while I am at the Harford Health & Fitness Club, including claims arising from negligence of Harford Health & Fitness Club employees or agents. I understand that I must be a current member in good standing at the time of service to receive member discount. All images taken can be used in all or any future marketing.

\_\_\_\_\_  
*Signature / Parent or Legal Guardian must sign if participant is under 18* \_\_\_\_\_  
*Date*

**PAYMENT:** \_\_\_\_\_ **TYPE:** \_\_\_\_\_ **TOTAL AMOUNT:** \_\_\_\_\_ **DATE PAID:** \_\_\_\_\_

**VISA / MC** # \_\_\_\_\_ **EXP:** \_\_\_\_\_

FOR OFFICE USE ONLY:

Staple Receipt Here

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