



K, 1st & 2nd Grade GIRLS LAX Clinic

WHEN: Wednesday nights for six weeks
From April 21 until May 26

TIME: 6:30 – 7:30 pm

WHERE: East Vincent Township Park

WHAT: Learn the basics of lacrosse!

*At this age, it's all about learning the sport
through FUN games & playing with friends!*

To Register:

- Print registration form @ www.ojrlacrosse.com

Please ensure the form you download is labeled:

GIRLS ONLY* K, 1st & 2nd Six Week Clinic 2010 *GIRLS ONLY

- Mail below two items to Michele Mast, 6 Deep Pond Dr, Spring City, PA 19475 :
 - \$30 check made payable to CYLA
 - Completed and signed registration form

REGISTRATION FEE: \$30 *Fee includes Wildcat LAX t-shirt!*

Required Equipment: Lacrosse stick, Protective Eye Goggles, Mouth Guard. Wildcat Lacrosse has some loaner equipment for clinic participants, if it is needed.

Questions? 610-283-1433 or michmast@yahoo.com

THIS IS NOT A SCHOOL-SPONSORED ACTIVITY



*** GIRLS ONLY * K, 1st & 2nd Six Week Clinic 2010 * GIRLS ONLY***

Player First Name _____ Last Name _____

DOB _____ Grade _____ Street _____

City _____ Shirt Size (circle): YS YM YL AS AM AL

Township _____ School _____

Home Phone _____ Cell Phone _____

Parent 1 Name _____ Parent 2 Name _____

Parent 1 e-mail _____ Parent 2 e-mail _____

Emergency Contact _____ Phone _____

Insurance Company _____ Policy / Group # _____

Registration Fee \$30.00 payable to "Wildcat Lacrosse"

Please mail your registration fee and this form to:

Michele Mast, 6 Deep Pond Dr Spring City, Pa 19475

Upon receipt of your registration form & fee, we will email you a confirmation from cylagirls@aol.com. More details will follow, email is our primary form of communication.

Parent's Approval and Medical Release

Recognizing the possibility of physical injury associated with lacrosse and in consideration for the Coventry Youth Lacrosse Association and its affiliates accepting the registrant for its lacrosse programs and activities ('the Programs'), I hereby release, discharge and/or otherwise indemnify CYLA, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of the fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Parent/Guardian Name _____

Signature _____ Date _____