

Natick Summer Lacrosse Clinic Registration Form 2010

Memorial School, South Natick, MA 01760

Eligibility – ages 8 to 14

- Completed Registration Form

- Full Payment

Please Check the Appropriate Box

Boy's Clinic

Ages 8-14

9 am to 2 pm

\$265.00 (includes lunch)

Girl's Clinic

Ages 8-14

9 am to 2 pm

\$265.00 (includes lunch)

Girl's Little Laxers

Ages 4 - 7

9:30 am to 11 am

\$135.00 (includes stick)

Boy's Clinic Extended Day

Ages 8-14

8 am to 3 pm

\$300.00 (includes lunch)

Girl's Clinic Extended Day

Ages 8-14

8 am to 3 pm

\$300.00 (includes lunch)

Boy's Little Laxers

Ages 4 - 7

9:30 am to 11 am

\$135.00 (includes stick)

Boy's Clinic Dates: July 19th to July 23rd, 2010

ALL SESSIONS END at NOON on July 23rd, 2010

Girl's Clinic Dates: July 26th to July 30th, 2010

ALL SESSIONS END at NOON on July 30th, 2010

Little Laxers Girl's Clinic Dates: July 26th to July 30th, 2010

Little Laxers Boy's Clinic Dates: July 19th to July 23rd, 2010

2009 Rainout Day Discount for returning players - \$225.00 (includes lunch)

Family Plan

If you have more than one child signing up for camp, you will save \$25.00 per child

Checks made payable to :

Friends of Natick Lacrosse

3 Cheryl Rd

Natick, MA 01760

Email questions to:

nkittler@comcast.net

A concession stand will be open selling drinks and snacks

Player Information

Name: _____ Age as of 6/1/10: _____ Yrs of Experience: _____

Address: _____ City/State/Zip _____

E-Mail Address: _____ Position Attack Midfielder Defense Goalie

Emergency Contact Information

In Case of Medical Emergency:

I understand effort will be made to contact parents/guardian of campers. In the event that I cannot be reached, I hereby give my permission for the following: The physician assigned may secure proper treatment for my child, which may include but no limited to: hospitalization, order and administer medications and anesthesia, perform x-rays, special procedures or surgery if deemed medically necessary by him/her for my child.

Parent/Guardian: _____ Phone Number: _____

Alternate Contact _____ Phone Number: _____

Waiver

Waiver

I understand injuries can occur from participation in lacrosse and other activities: I hereby waive, release, absolve, indemnify and agree to hold harmless the Natick Lacrosse Clinic, the director, instructors or assignees from any claim arising out of injury to my children or myself.

Parent/Guardian _____ Date _____