



# BRIDGEWATER TRAVEL LACROSSE

## IN-TOWN FALL BALL 2010

This fall lacrosse program helps players learn and review skills and tactics of this popular sport through practice and game situations. For boys in grades 1 thru 4. Program runs Saturdays, September 25, October 2, 9, 16, 23 & 30, 2010 from 4:00pm to 5:30pm at the Bridgewater-Raritan Middle School. There will be no make-up dates for weather cancelations.

Cost \$50.00 Bridgewater-Raritan residents checks made payable to "Bridgewater Lacrosse Inc.". Each participant (1st through 4<sup>th</sup> grade) must have his own lacrosse stick and full protective equipment. If you need information on purchasing equipment, please email [jeckert@bridgewaterlacrosse.com](mailto:jeckert@bridgewaterlacrosse.com).

Each participant must also be a member of US Lacrosse. The annual membership cost is \$25.00 and is required for all Bridgewater lacrosse programs. To become a member go to: [www.uslacrosse.org](http://www.uslacrosse.org) or call (410) 843-0390. Our Bridgewater Group ID# is 337096 and should be referenced.

For more information contact Jim Eckert at [jeckert@bridgewaterlacrosse.com](mailto:jeckert@bridgewaterlacrosse.com) or check out our website at: [www.bridgewaterlacrosse.com](http://www.bridgewaterlacrosse.com).

— Registration Deadline: Friday, September 10, 2010 ^  
by 5:00pm at the Recreation Department

Bridgewater Recreation Department 100 Commons Way – Bridgewater, NJ 08807 (908) 725-6373 office hours 9am to 5pm Monday to Thursday 8am to 5pm Friday [www.bridgewaternj.gov](http://www.bridgewaternj.gov)

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### 2010 Fall Lacrosse

\$50.00 checks payable to "Bridgewater Lacrosse Inc."

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: (     ) \_\_\_\_\_ Parent Cell #: (     ) \_\_\_\_\_

Parent's First & Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ US Lax #: \_\_\_\_\_

Parent's E-mail Address: \_\_\_\_\_ Grade as of 9/2010: 1 2 3 4

(please print neatly)

If participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations.  
® Yes, I will need to be notified regarding special considerations for my child.

Injuries may occur. Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date