



IN-TOWN FALL FIDDLE-STIX LEAGUE

This in-town fall lacrosse league is focused on pure fast-paced fun! How many times have you seen kids playing with Fiddle-Stix between games at tournaments or at home? It seems whenever you combine some boys, some Fiddle-Stix, & 2 small goals, a game breaks out. With little adult intervention or structure they are practicing the fundamentals of lacrosse and having loads of fun. This is the environment we are going to create in this league.

This league is exclusively for boys in grades 7 & 8. Program runs Sundays, September 11, 18, 25 & October 2, 9, 16 2011 from 4:00pm to 5:00pm at the Bridgewater-Raritan Middle School. There will be no make-up dates for weather cancellations. Players will be using mini "Fiddle-Stix", small soft balls, small goals, and standard lacrosse helmet & gloves. The pace is guaranteed to be fast and teams will compete for a Championship Cup. Once the registration is complete, your son will be placed on a team and your game times will be communicated to you.

Cost is \$50.00 for Bridgewater-Raritan residents. Checks made payable to "Bridgewater Lacrosse Inc.". Each participant must have his own "Fiddle-Stick" and full protective equipment. If you have any questions on this, please email 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 or renew your membership go to: www.uslacrosse.org or call (410) 235-6882 x102. Our Bridgewater Group ID# is 337096 and should be referenced. If you are already a member, please check that your membership is valid through Nov. 1, 2011.

For more information contact Jim Eckert at jeckert@bridgewaterlacrosse.com or check out our website at: www.bridgewaterlacrosse.com.

Registration Deadline: Friday, September 2, 2011 ^
by 5:00pm at the Recreation Department, 100 Commons Way

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2011 Fall Fiddle-Stix League

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

Last Name: _____ First Name: _____

Mailing Address: _____ Town: _____ Zip: _____

Home Phone #: () _____ Parent Cell #: () _____

Parent's Date of Birth: _____ US Lax#: _____ Exp Date: _____
First & Last Name: _____

Parent's E-mail Address: _____ Grade as of 9/2011: 7 8
(please print legibly)

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