BRIDGEWATER TRAVEL LACROSSE

In-Town Fall Ball

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 6. Players will be split up by grade. Program runs Saturdays, September 10, 17, 24 & October 1, 8, 15, 2011 from 4:00pm to 5:30pm at the Bridgewater-Raritan Middle School. There will be no make-up dates for weather cancellations.

Cost is $50.00 for Bridgewater-Raritan residents. Checks made payable to "Bridgewater Lacrosse Inc.". Each participant (1st through 6th grade) must have his own lacrosse stick and full protective equipment. If you need information on purchasing equipment, 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 go to: www.uslacrosse.org or call (410) 235-6882 x 102. Our Bridgewater Group ID# is 337096 and should be referenced. If you are already a member, please be sure to 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 Bridgewater Recreation Department, 100 Commons Way

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2011 Fall In-town 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:________________ Player's Date of Birth: _______ US Lax :__________ Exp Date:________

Parent's E-mail Address:______________________________ Grade as of 9/2011: 1 2 3 4 5 6

(**Please print legibly**)

If participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations.
Ò 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