

Girls Skills & Drills

90 minutes of stick handling, basic skills, dodging, shooting, defense, games and half field scrimmages. This is only open to rec lacrosse players from the spring of 2011. Only for present grades 4-6. Need your own stick, protective goggles and mouthguard.

For: Girls grade 4-6 from last years girls rec lacrosse program

When: Saturdays- September 17, 24; October 1, 8, 15, 22, 29, November 5, 12, 2011 from 2:15pm to 3:45pm

Where: Bridgewater Middle School (BRMS) - Grass

Cost: \$50.00 Bridgewater-Raritan resident participants. Checks made payable to "Bridgewater Lacrosse Inc." Each participant must also be an active 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.

For more information contact James Santillo at js@winux.com or check out our website at: www.bridgewaterlacrosse.com.

— Registration Deadline: Friday, September 9, 2011 ^
by 5:00pm at the Recreation Department

Space is limited; registration is based on first come first serve at the Bridgewater Recreation Department.

Three ways to register! In person at the Bridgewater Recreation Department (100 Commons Way) 9am to 5pm Monday to Friday, drop registration off in the "REC" mailbox before or after office hours, or via postal service.

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

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2011 Girls Skills & Drills \$50.00 Bridgewater-Raritan Residents checks payable to "Bridgewater Lacrosse Inc."

Last Name: _____ First Name: _____

Mailing Address: _____ Town: _____ Zip: _____

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

Parent's First & Last Name: _____ Parent's Work #:() _____

Parent's E-mail Address: _____ Child's Date of Birth: ____/____/____ Current Grade as of Sept. 2011: _____

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

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