



In-Town Winter Indoor

This popular winter indoor 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 Sundays, January 8, 15, 22, 29, February 5 & 12, 2012. There will be 1 hour time slots between 2:00 to 5:00 pm. Specific time slots we will determined by enrollment. Since this is an indoor program, there should not be any weather related cancellations. If there are however, there will be no makeup sessions. This program will be held at the Branchburg Sports Complex (BSC) located at 47 Readington Road in Branchburg.

Cost \$65.00 & checks are made payable to "Bridgewater Lacrosse Inc.". Each participant (1st through 4th grade) must have his own lacrosse stick and full protective equipment. If you need information on purchasing equipment, please email jeckert@bridgewaterlacrosse.com or visit the "Required Equipment" tab on our website.

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 must be referenced. If you are already a member, please be sure to check that your membership is valid through February 20, 2012.

For more information contact Jim Eckert at jeckert@bridgewaterlacrosse.com or check out our NEW website at: www.bridgewaterlacrosse.com. On the site you can register for our programs on-line. Payment will still need to be made via check, just follow the instructions provided on the site. Space is limited; registration is based on first come first serve.

__ Registration Deadline: Friday, December 16, 2011 ^
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

2012 Boy's In-Town Winter Indoor Lacrosse \$65.00 Checks payable to "Bridgewater Lacrosse Inc."

Last Name: _____ First Name: _____

Mailing Address: _____ Town: _____ Zip: _____

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

Parent's First Names : _____ Player's DOB: _____ (as of 9/12) US Exp Lax#: _____

Date: _____

Parent's E-mail Address #1: _____ Parent's Email Address # _____

(Please print legibly) (Please print legibly)

Insurance Carrier: _____ Policy # _____

Injuries may occur. Please note that neither Bridgewater Lacrosse Inc. nor Bridgewater Township Recreation Department provides individual medical coverage for its participants. Each participant should be covered under his/her family's medical policy. It is required that participants 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