



# Pee-Wee Outdoor Lacrosse Clinic

Expose your "Little Warrior" to America's first and fastest growing sport. These four sessions are designed to teach boys and girls the fundamentals of this fast-paced and exciting game. This is a non-contact program and no equipment is necessary. In addition, this program also stresses the importance of teamwork and good sportsmanship.

For: Bridgewater-Raritan Residents – Boys ages 4 years old to 1<sup>st</sup> grade. Girls ages 4 years old to 2<sup>nd</sup> grade. Boys and girls play together.

When: Saturdays, September 19 & 26 and October 3 & 17, 2009 from 4:00 to 5:00pm  
In case of inclement weather, the makeup date will be October 24, 2009

Where: Bridgewater Middle School (BRMS) - Grass

Cost: \$40.00 Bridgewater-Raritan resident participants who need to purchase a lacrosse stick or \$30.00 for participants who already own a stick. Checks made payable to "Bridgewater Lacrosse Inc."

For more information contact M.G. Hollingsworth at (732) 764-8896 or check out our website at: [www.bridgewaterlacrosse.com](http://www.bridgewaterlacrosse.com).

— Registration Deadline: Friday, August 28, 2009 ^  
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](http://www.bridgewaternj.gov)

===== %

2009 Fall Outdoor Pee-Wee Lacrosse Clinic

\$40.00 Bridgewater-Raritan Residents need stick or \$30.00 don't need stick checks payable to "Bridgewater Lacrosse Inc."

Last Name: _____	First Name: _____	Circle Gender: Male or Female
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: ____/____/____	Child's Age as of 9/19/09: ____
		Current Grade as of Sept. 2009: ____

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

