



2019 Girl's Winter Indoor Lacrosse Grades 3-4

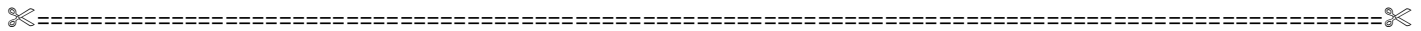
This popular winter indoor lacrosse program helps players learn and review skills and tactics of this exciting sport through practice and game situations. **For girls in grades 3-4** . Program runs Sundays, January 6, 13, 22, 27, February 3 & 10, 2019. The time will be 4:00-5:00 pm. Since this is an 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 \$90.00 & checks are made payable to "Bridgewater Lacrosse Inc.". Each participant must have her own lacrosse stick goggles, and mouth guard. If you need information on purchasing equipment, please email kkorsun@korsun.us

Each participant must also be a member of US Lacrosse. The annual membership cost is \$30.00 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. Your US Lacrosse membership must be linked to "Bridgewater Youth Lacrosse". If you are already a member, please be sure to check that your membership is valid through March 1, 2019.

For more information contact Keith Korsun at kkorsun@korsun.us or check out our website at: www.bridgewaterlacrosse.com. **On-line registration is also available on our website (Preferred method! PayPal and credit cards accepted online only.)** Space is limited; registration is based on first come first serve.

⇒ **Registration Deadline:** Friday, December 7, 2018 ⇐



2018 Girl's In-Town Winter Indoor Lacrosse \$90.00 Checks payable to "Bridgewater Lacrosse Inc."

Last Name: _____	First Name: _____
Mailing Address: _____	Town: _____ Zip: _____
Parent's Cell Phone #: () _____	School: _____
Parent's First Names: _____	Player's DOB: _____ (as of 9/18) US Lax# _____ Exp. Date: _____
Parent's E-mail Address #1: _____	Parent's Email Address #2: _____
(Please print legibly)	(Please print legibly)

Medical Insurance Carrier: _____ Policy # _____

I am interested in volunteer coaching for Bridgewater Lacrosse (please check box – no experience necessary!)

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 neither Bridgewater Lacrosse Inc. nor the Bridgewater Township Recreation Department provide individual medical coverage for their 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 _____/_____/_____