



IN-TOWN BOY'S FALL BALL

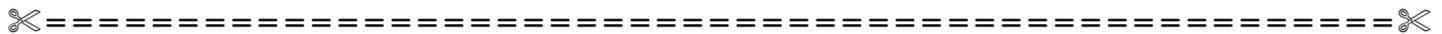
This fall lacrosse program helps players learn and review skills and tactics of this popular sport through practice and game situations. **For boys in grades 1 thru 6.** Players will be split up by grade. Program runs **Saturdays, September 24 & October 1, 8, 15, 22, & 29 2016.** Sessions will be 1 to 1.5 hour time slots from 1 pm to 5 pm and will be determined by the number of participants. Program will take place at the High School Turf Fields. There will be no make-up dates for weather cancellations.

Cost is \$60.00 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 or visit the "Required Equipment" tab on our website.

Each participant must have a valid US Lacrosse membership with an expiration date no earlier than 11/1/2016. The annual membership cost is \$25.00 and is required for all Bridgewater lacrosse programs. To become a member or extend your membership go to: www.uslacrosse.org or call (410) 235-6882 x 102. Your son's membership must be linked to "Bridgewater Youth Lacrosse".

For more information contact info@bridgewaterlacrosse.com 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.)**

⇒ **Registration Deadline:** Friday, September 16, 2016 ⇐
by 5:00pm at the Bridgewater Recreation Department, 100 Commons Way



2016 Boy's Fall In-town Lacrosse

\$60.00 checks payable to "Bridgewater Lacrosse Inc."

Last Name: _____ First Name: _____

Mailing Address: _____ Town: _____ Zip: _____

Parent Cell Phone #: () _____ School: _____

Parent's First & Last Name: _____ Player's US Expiration
DOB: _____ Lax#: _____ Date: _____

Parent's E-mail Address: _____ Grade as of 9/2016: 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.
 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