



**GIRL'S SPRING LACROSSE
2019 PROGRAM
2ND GRADE**

The fundamentals and tactics of girl's lacrosse will be taught and the focus is on learning and skill development. The volunteer coaching staff will also be stressing the importance of teamwork and good sportsmanship. This program is for **girls in the 2nd grade**. Practices and intra-squad scrimmages will be held on Saturday afternoons for an hour with exact time to be determined. This program starts in early March of 2019 and concludes in late May.

The cost is \$90.00. Checks made payable to "Bridgewater Lacrosse, Inc.". See our website for "Family Discount" information.

Each participant must have her own lacrosse stick and full protective equipment – goggles and mouth guard. If you need information on purchasing equipment, please email kkorsun@korsun.us.

Each participant must have a valid US Lacrosse membership with an expiration date no earlier than 7/1/2019. The annual membership cost is \$30.00 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 daughter's membership must be linked to "Bridgewater Youth Lacrosse".

Registration deadline is Friday, February 16, 2019. Registration can be completed online by going to the "Online Registration" section of our website and submitting your registration there or returning the completed form and payment to the Bridgewater Rec Department by 4pm Friday, Feb 16th. Online registration is our **preferred method of registration** and we encourage you to utilize it. **PayPal and credit cards accepted online only.** For more information contact Keith Korsun at kkorsun@korsun.us or visit www.bridgewaterlacrosse.com.

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2019 Girl's Spring Lacrosse - 2nd grade		Checks payable to "Bridgewater Lacrosse Inc." \$90	
Last Name: _____		First Name: _____	
Mailing Address: _____		Town: _____ Zip: _____	
Parent Cell Phone #: () _____		School: _____	
Parent's First Names: _____	Player's DOB: _____	Grade (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