

Town Of Elbridge Recreation and the JE Lacrosse Club presents: **Little Eagles Lacrosse Clinic** (Grades K-3, boys and girls)

Clinic taught by multi time Under Armour All American Coach, Dennis Kennedy. Sessions cover basic instruction at an introductory level. Catching, throwing, stick handling and age-appropriate ball-handling skills are emphasized with a soft lacrosse ball. These fundamental skills are taught through fun, engaging games that keep kids active and excited to learn. Only sticks needed.

Clinic Dates: May 16, 23; June 6, 13; Time: 12noon-1pm

Location: Seymour Lofft Park

Mail completed registration form to: Town of Elbridge attn: Recreation Dept.
PO Box 568 Jordan, NY 13080

\$30.00 per player – out of district \$35.00 - payable to Town of Elbridge

www.jelaxclub.org jelaxclub@gmail.com

PARTICIPANT INFORMATION

Please fill out one form for each participant.

Participant's Name _____

Phone _____ Emergency Phone (cell) _____

Parent/Guardian _____ Parent/Guardian E-Mail _____

Boy Girl Age ____ Grade ____ Date of Birth _____

Mailing Address _____
Street or P.O. Box _____ City _____ State _____ Zip _____

TOWN of: Elbridge VanBuren Brutus Lysander Camillus Skaneateles Sennett

WAIVER MUST BE COMPLETED TO PARTICIPATE

I/We the parents or legal guardian of the named candidate, for his/her participation in the J-E Recreation Basketball Program hereby give my/our approval for his/her participation in any and all programs and activities during the current season. I/We assume all risks and hazards incidental to such participation, including transportation to and from all activities. We do hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Elbridge, The J-E Recreation Commission, Jordan-Elbridge Central School District, J-E Sports Booster, J-E Basketball Program and their employees and the program organizers, sponsors, supervisors, coaches and any others for any claims arising out of an injury except to the extent and in the amount of coverage provided by the program's insurance.

X _____ Date _____
Parent/Guardian Signature

Please attach information regarding any medical problems: **(i.e. asthma, allergies, inhalers, etc.)**

Please circle here if you DO NOT want photos or general information of the participant published by the town.