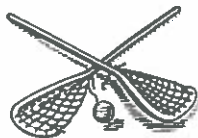




Co-ed Lacrosse Clinics

Spring 2020 • Pre-K, K, & 1st



Interested in trying a new sport? Join Springfield Lacrosse Club's Spring clinics!

The instructional clinics are open to Springfield students in Pre-K through 1st grades. No equipment required.

Six Sunday sessions from April 5th to May 17th (No session on May 10th) @ 10:30-11:30 am, at Chisholm Park. In the event of rain, every effort will be made to reschedule. No refunds are provided after April 3th.

Fee: \$75

Payable to Township of Springfield. Register by mail or in-person with cash, check, or money order. Or register online with a Visa, Mastercard, or Discover at <https://register.communitypass.net/springfield>. (\$0 processing fee)

Payments must be made prior to the first clinic. Includes: coaching, loaned stick (if needed), balls, shirt

Chisholm Community Center • 100 South Springfield Avenue • Monday-Friday, 8:00 am-6:00 pm
(973) 912-2227 • www.springfield-nj.us/recreation

Questions? Contact Daniel Hesse, Recreation Program Coordinator, at daniel.hesse@springfield-nj.us

Lacrosse Clinics • Pre-K - 1st Grades • Spring 2020

FIRST NAME _____ LAST NAME _____

CURRENT GRADE _____ SCHOOL _____ DATE OF BIRTH _____

SHIRT SIZE (CIRCLE ONE) YXS YS YM YL YXL AS AM AL AXL

STREET ADDRESS _____ TOWN _____

HOME PHONE _____ PARENT CELL PHONE _____

EMAIL _____

HEALTH CONCERNS/PHYSICAL LIMITATIONS/ALLERGIES/INHALER/EPI-PEN/GLUCAGON/ACCOMMODATIONS REQUESTED _____

My child has been examined by a physician, and to the best of our knowledge is physically fit to participate in this recreation program. Permission is hereby granted to engage in this activity. The Township of Springfield, employees, or coaches, and the Lacrosse Club of Springfield, representatives or coaches will not be liable for any injury incurred from clinics. I understand that parks are open to the public, and members of the public and the press may advertently or inadvertently photograph and video my child and use those images for their own use without my permission. I give permission for my child's photograph and video to be captured by Township of Springfield employees and used in print publications, online publications, presentations, websites, and/or social media. I understand that under state law, participants who normally wear corrective eyeglasses must wear protective shatterproof eyewear during sports activities. I hereby authorize representatives of the Springfield Recreation Department and the Lacrosse Club of Springfield to give consent for any and all necessary emergency First Aid or medical care for my child while he or she attends this program.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____