

LAGROSSE INDOOR WINTER GLING



Clinician: Shelley Sheiner - Head Men's Lacrosse Coach @ Kean University Clinic Staff: Kean University Lacrosse Coaches Two Consecutive Sundays - Jan. 20th & Jan. 27th @ WOHS North Gym Expert Instruction From Collegiate Coaches & Players Three Age Groups (Each Groups limited to 40 - First Come/First Serve) Grades K-4.......1:00 PM to 2:15 PM......Soft Lacrosse All Materials Supplied All Materials Supplied Grades 9-12......4:00 PM to 5:30 PM.....Full Gear Required \$50. - Checks Payable to "Friends of Cougar Lacrosse" MORE INFO: WO REC 973-325-4150 Complete & Return in Person to WO Rec @ Colgate Park, Cherry Street OR Complete & Mail to WO Rec, 66 Main St., West Orange, NJ 07052 WO Rec Consent & Waiver Form Program: Lacrosse Indoor Winter Clinic Child's Name: Grade: School Child Attends: DOB: /__/___ Address: Home Phone: Best Email Address: Parent #1: _____ Check One (V) M F Work/Cell Phone: Parent #2:_____ Check One (*V*) M___ F___ Work/Cell Phone:____ Emergency Contact – Name: Best Phone #: Consent & Waiver I give my permission for my child to participate in the WO Rec program designated above. I verify that the applicant is in good health and able to participate in vigorous activities. I hereby release Kean University, the West Orange Rec Dept.,, WO Board of Ed, the Township of WO, their organizers, servants, officers, volunteers affiliates and employees from any and all claims of action whatsoever arising out of participation in the above designated program. I understand that the parent and/or guardian is solely responsible for accidental, medical or dental expenses incurred as a result of participation in the above designated program. In the event of illness or injury to the applicant, I grant the program staff permission to provide emergency medical care. Further, I understand that the West Orange Rec Dept. follows a strict "No Refund" policy. Additionally, I give the West Orange Recreation Department permission to use my child's name and photographic image for any and all promotional uses. Parent/Guardian Signature:X ______ Date: ____/____/ ------for office use only-----Fee Paid: Cash: ____ Check #: ____ Money Order #: ____ Child's Birth Cert. #: Parent's Driver's License #: Child's Report Card – School: Grade: INFORMATION VERIFIED BY _____ DATE: ___ / ____