



TENAFLY RECREATION 2017 BOYS SPRING LACROSSE PROGRAM



LACROSSE FOR BOYS IN GRADES 3RD THROUGH 8TH

FEE - \$250 IF REGISTERED BY JANUARY 31ST.
LATE FEE OF \$30 WILL BE CHARGED BEGINNING ON FEBRUARY 2ND
NO REGISTRATIONS WILL BE ACCEPTED AFTER MARCH 1ST

Fee Includes Uniform
(Please indicate players size)

Shirt: YS YM YL AS AM AL AXL

Shorts: YS YM YL AS AM AL AXL

The program will consist of games/practices on 2 weeknights (Mon, Tues or Wed) plus Saturdays.

Practices will start in mid-March. (Days and times to be determined by the league schedule)

A physical trainer will be on site at all games

In addition to registering for this program through the Recreation Dept.
all players must register for membership with US Lacrosse
Go to: www.uslacrosse.org

Equipment needed: helmet, shoulder pads, elbow pads, gloves, lacrosse stick, mouthpiece

NAME: _____ **GRADE:** _____

ADDRESS: _____

PHONE: (H) _____ **(C)** _____ **DOB** _____

EMAIL: _____ **US LAX#:** _____
(REQUIRED)

EMERGENCY CONTACT: _____ **PHONE:** _____

SPECIAL MEDICAL INFORMATION: _____

**I hereby acknowledge that my/my child's picture may be used for program advertising
by the Tenafly Recreation Dept. Agree _____ Disagree _____**

- I the undersigned parent/guardian of the above named applicant do hereby give my permission for him/her to participate in this specific Tenafly Recreation Commission activity.
- I do assume all risk and hazards incidental to this trip, activity and transportation and do further hereby release, absolve and hold harmless the Borough of Tenafly, Tenafly Recreation Commission, its agents, instructors and coaches.
- I do further understand that the Borough of Tenafly or the Tenafly Recreation Commission does **not** provide Accident Insurance for this activity.
- I hereby fully consent to emergency medical care to be rendered by competent medical physicians in the event that the above named child should require such attention during this activity.
- I understand that I being the parent or legal guardian will exhibit respectful behavior towards players, coaches, referees and Umpires. If any of my actions are inappropriate, I understand that I will be asked to leave the facility.

PARENTS NAME: _____ **SIGNATURE:** _____

CASH \$ _____ **CHECK #** _____ **RECEIPT#** _____

TENAFLY GIRLS IN GRADES 3RD – 8TH MUST REGISTER TO PLAY WITH NORTHERN VALLEY LACROSSE. FOR MORE INFORMATION GO TO:

<https://leagueathletics.com/default.asp?org=nvlacrosseorg>