

# SUNDAY SOFTSTICK LACROSSE CLINIC

To be held on the Old Court Campus

Game Dates: April 11, 18, 25 May 2, 9, 16



**Grades K to 2<sup>nd</sup> 9:00 – 9:45am (BT Upper Field)**

**Grades 3<sup>rd</sup> & 4<sup>th</sup> 10:00-11:00am (BT Upper Field)**

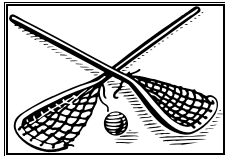
The lacrosse clinic is designed to develop skills and knowledge of the game in an environment of good sportsmanship and expert staff. Each day will begin with drills followed by a game.

All participants should meet promptly on the lower school field. Softsticks will be provided or participants may provide their own.

**MEET IN THE GREEN GYM ON THE FIRST DAY OF CLINIC!!!**

## PLEASE REGISTER EARLY

Registration is limited and will be taken on a first serve basis. Absolutely no registration will be accepted after March 19, 2010.



## REGISTRATION FEE

\$65 Beth Tfiloh Students / Congregants  
\$70 Non-Beth Tfiloh Affiliates

Registration fee includes team shirt and certificate

Make check payable to Beth Tfiloh

We will hold the Lacrosse program rain or shine. In case of rain, we will meet in the gym (Tennis shoes required).

For further information, contact the Youth Center at 410-413-2221

See you again in the Fall!



OVER

# **SUNDAY LACROSSE**

Mail Registration to  
Beth Tfiloh Youth Center  
3300 Old Court Rd  
Baltimore, MD 21208

## Participants

Name \_\_\_\_\_ Grade \_\_\_\_\_

T-Shirt Size	Youth	S	M	L	Adult	S	M
--------------	-------	---	---	---	-------	---	---

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ EMAIL \_\_\_\_\_

Name of School \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Date of last exam \_\_\_\_\_

Any limitations or known allergies \_\_\_\_\_

We give our consent for Beth Tfiloh Staff to use their judgment in securing medical aid and ambulance service in case the parents cannot be reached.

Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate which insurance your student is covered under.

Blue Cross/Blue Shield policy # \_\_\_\_\_.

Other commercial insurance company name \_\_\_\_\_ and policy # \_\_\_\_\_.

I would like to be a PARENT COACH (name) \_\_\_\_\_

I have read and completed the above form and I hereby give my son/daughter permission to participate

Date \_\_\_\_\_ Signed \_\_\_\_\_