## **MILFORD RECREATION DEPARTMENT**

# Boys & Girls Lacrosse Clinics - 2005



WHO: Boys ages 8-15 WHO: Girls ages 8-15

WHEN: Monday - Thursday, July 11-14 WHEN: Monday - Thursday, July 25-28

9:00 am - 12:00 noon 9:00 am - 12:00 noon

WHERE: Middle School Field, West Street, Milford, NH WHERE: Middle School Field, West Street, Milford, NH

COST: \$70 resident; \$80 non-resident COST: \$70 resident; \$80 non-resident

#### Registrations:

<u>DEADLINE</u> to register for **boys lacrosse is Friday**, **July 1st** and for **girls lacrosse Friday July 15th**. Complete and return the Registration Form, with the PARENT or GUARDIAN SIGNATURE. Payment must accompany registration. Checks are made payable to "*Milford Recreation Dept*." Returned Check fee is \$25. No refunds after registration deadline.

#### PROGRAM DESCRIPTION:

- > Features experienced staff. (Keith Jones, Jen Dyer and Darren Fleury)
- > FREE LACROSSE T-SHIRT!!
- Every player will be given individual and group instruction with an emphasis on basic fundamental skills. Contact Limited.
- Learn the latest techniques of the game. Refine skills to improve your level of play. Strengthen team concepts and strategies.
- > This program is ideal for the player determined to prepare for middle and high school level of play.
- > Camp will be held rain or shine, so be prepared.

#### Remember to Bring:

### **Boys Equipment**

Helmet, mouth guard, shoulder pads, arm pads, gloves, cleats, stick, personal water bottle, snack and <u>sunscreen</u>.

### Girls Equipment

Protective eyewear, gloves (optional), cleats, stick, personal water bottle, snack and <u>sunscreen</u>.

For more information, contact:

Milford Recreation Department

Phone 672-1067; Fax 673-2273

Email: nbanks@milford.nh.gov

Town Hall, One Union Square, Milford, NH

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Name	Age	Date of Birth	Grade	e in FallSchoo	<u> </u>		
Address, Town, Zip	Home phone						
Parent Name	Parent Work Ph	Parent Work Phone			Family E-mail		
Emergency Contact Name		Address		Phone			
Who Will Drop Off & Pick Up You	r Child (Name & Telephone	):					
T-Shirt Size (circle one): Youth	Large Adult Small	Adult Medium	Adult Large	Adult XLarge	Adult XXLarge		
Have you participated in any Lac	rosse Program before? Expl	lain:					
Playing experience (years on a team)Positions played:							
PLEASE CIRCLE THE CLINIC Y  I HEREBY GIVE MY PERMISSION for n and the risk of injury in these athletic and activities, and I do hereby waive, release and all loss or damage, and any claim ar agents or employees, or during participar IN CASE OF EMERGENCY, I hereby give as my agent to apply simple first aid whereceive emergency medical treatment. I a undertake examination and emergency to CONTACT PARENT/GUARDIAN.  MEDIA RELEASE: I hereby grant the M media to further the aims of the Parks & Yes No Initials Family Insurance Yes No(Control of the control of the c	ny son/daughter to participate in the active programs. I assume all risk indemnify, and agree to hold harm ising out of injury to my son/daughtion.  The my permission to the program son necessary, or in the event of a malso authorize the medical personner reatment, if warranted, on behalf of illord Parks & Recreation Dept. per Recreation program in related carries.	e Milford Parks & Rec as and hazards incider nless the said Town of ter or property damag taff and medical person nore serious accident, nel to administer such f my child. IN THE EV	ntal to such participat f Milford, its volunteer e that might occur, we nnel selected by the for my child to be tra treatment as is medic ENT OF AN EMERG Id's voice and/or pictor s articles, booklets, p	ion, including transport rs, staff and all sponsor hether caused by negli Recreation Dept and s nsported to an emerge cally necessary and I a ENCY, EVERY EFFOR ure for use in television posters and in other wa	azards of the activity/spor ation to and from ation to and from ation to and from gence of the Town, taff, in my absence, to ac- ncy medical facility to uthorize the hospital to RT WILL BE MADE TO , films, radio or printed		
PLEASE LIST ALL MEDICAL CONCER					lications, allergies,		
behavior concerns, etc.)							

Date\_

Parent/Guardian's Signature: