

# Spring 2010 Lacrosse Clinic

for Pre-K (age 4) through 2<sup>nd</sup> Graders

## Program runs for five (5) weeks

This lacrosse clinic is a fun and exciting introduction to the game of lacrosse. This program, designed by Building Blocks Lacrosse, introduces the game of lacrosse to boys and girls in a fun and exciting program that teaches the fundamentals of lacrosse through children's games. Children will come away with a basic grasp of how to scoop, shoot, throw, catch and cradle! Game play will also be incorporated into each session.

**Lidgerwood Field** (off James Street)

### FRIDAYS:

May 7, 14, 21, \*

June 4, 11, 2010

(\*No class May 28)

(Rain Date: June 19)

5:00-6:00pm - Pre-K (4-5 year olds) & K

6:00-7:00pm - 1<sup>st</sup> and 2<sup>nd</sup> Graders

**COST: \$55 per resident participant, per group**  
**\$65 per NON-RESIDENT participant, per group**

Girls, boys, and mini sticks are acceptable for use. Mouth guards are required.

For further information about program or equipment email:

[Jess@BuildingBlocksLacrosse.com](mailto:Jess@BuildingBlocksLacrosse.com)



## Spring 2010 Lacrosse Clinic Registration Form

(indicate Session Group)

**Group A** (Pre-K - 4 & 5 year olds) & K

**Group B** (1<sup>st</sup> & 2<sup>nd</sup> Graders)

Player's Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade \_\_\_\_\_ Male / Female (circle one)

Email: \_\_\_\_\_

Address(St,Town,Zip): \_\_\_\_\_

Emergency Phone# (\_\_\_\_\_) \_\_\_\_\_ ~ Name: \_\_\_\_\_

**Town of Morristown WAIVER and CONSENT:** I certify that the above named applicant is emotionally ready, in good health and is given my permission to participate in this program. I understand that there is some risk in playing Lacrosse and Lacrosse-related activities, and I am willing to assume those risks. I certify that my child has no ailments or disabilities that would prevent my child from participating in activities. I hereby agree to hold harmless Building Blocks Lacrosse and the Town of Morristown, its agents, employees and contractors from any and all claims for injury or illness incurred by my child during participation in this program. In case of emergency, I grant permission to have my child given emergency treatment at a local hospital.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Bring/mail registration to:  
**MORRISTOWN RECREATION**  
200 South Street, Room 362  
P.O. Box 914  
Morristown, NJ 07963-0914

(Make checks payable to "Town of Morristown")

MORRISTOWN RESIDENTS HAVE PRIORITY IN REGISTERING