



Fall 2019 Boys & Girls Lacrosse Clinic

WHO:	BOYS - 5th through 8th Grade: Head Coach Victor Rivera GIRLS - 6th through 8th Grade: Head Coach Steve Shinners
WHEN:	BOYS: Sundays Oct 13, 20, 27 - 10am to noon GIRLS: Sundays Oct 20, 27; Nov 3, 10, 17 - 10am to noon Session schedule and status will be published on the cjlx.com website
LOCATION:	Woodcrest Park on Spruce Street in Freehold (grass fields, please bring cleats) (one block west of Stillwells Corner Rd: Turn onto Woodcrest Drive from Stillwells Corner Rd, then right on Spruce St.)
FEE:	ALL PARTICIPANTS <u>MUST</u> BE MEMBERS OF US LACROSSE (Sign up info and link can be found at cjlx.com . Membership costs is \$30.)
FOR MORE INFORMATION, CONTACT:	BOYS: Victor Rivera - 732 771-4917 or laxvic@gmail.com GIRLS: Steve Shinners 732-462-1047 or cjlax2001@gmail.com

Information will also be available at www.cjlax.com

Equipment Required (Players are required to supply their own equipment)

BOYS: NOCSAE certified LACROSSE helmet, mouth guard, athletic support with cup, lacrosse stick, lacrosse shoulder pads, lacrosse arm guards, and lacrosse gloves

GIRLS: ASTM certified goggles, mouth guard and lacrosse stick.

Central Jersey Lacrosse, Inc. Program Registration Form

LAST NAME _____	PROGRAM <u>CJLAX Fall Lacrosse Clinic</u>
FIRST NAME _____	Years Experience (circle one): None 1-2 yrs 2-4 yrs >4 yrs
ADDRESS _____ _____	Email Address: _____
HOME PHONE _____	US Lacrosse #: _____ Exp Date: _____
CELL PHONE _____	Current Grade _____ DOB ____/____/____
CELL PHONE OWNER (Circle one) : Mother Father	FEE : _____ Circle One: CHECK/CASH
Second Emergency Contact #: _____	Relationship to Player: _____
<p>I UNDERSTAND THAT MY CHILD IS PARTICIPATING AT HIS/HER OWN RISK. I AGREE TO HOLD HARMLESS CENTRAL JERSEY LACROSSE, INC and PARTICIPATING COACHES FOR ANY INJURY MY CHILD MAY INCUR BY PARTICIPATION IN THIS PROGRAM. I AGREE CJLAX CAN USE IMAGES OF MY CHILD ON THEIR WEBSITE, FACEBOOK PAGE or OTHER SOCIAL MEDIA AS LONG AS MY CHILD'S NAME IS NOT DIRECTLY TIED TO HIS/HER PICTURE.</p>	
_____ SIGNATURE (PARENT OR GUARDIAN IF UNDER 18)	_____ DATE