

CENTRAL JERSEY LACROSSE

Spring 2015 U13 Boys Lacrosse Travel Team Clinic

WHO:	U13 - 5th and 6th Grades Team: Head Coach Joe Lupo Instructor: Victor Franco
WHEN:	Sunday March 8 th , 9:00 – 10:30am
LOCATION:	Good Sports, Wall, NJ (Click for Directions)
FEE:	\$20/participant
FOR MORE INFORMATION, CONTACT:	Joe Lupo – 732-539-4285 or jlupo@optonline.net Victor Franco – 732 778-5304 or vfranco@optonline.net

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

Central Jersey Lacrosse, Inc. Program Registration Form

LAST NAME _____	PROGRAM <u>CJLAX U13 Boys Lacrosse Clinic</u>
FIRST NAME _____	Jersey Size (circle one): Small Med Large X Large
ADDRESS _____ _____	Email Address: _____ Grade : 5 th /6 th
HOME PHONE _____	Current Grade _____ DOB ___/___/___
CELL PHONE _____	FEE : \$20 CHECK/CASH
CELL PHONE OWNER (Circle one) : Mother Father	
Secondary Emergency Contact: _____	Relationship to Player: _____
I UNDERSTAND THAT I AM PARTICIPATING AT MY OWN RISK. I AGREE TO HOLD HARMLESS CENTRAL JERSEY LACROSSE, INC and PARTICIPATING COACHES FOR ANY INJURY I MAY INCUR BY PARTICIPATION IN THIS PROGRAM. I AGREE CJLAX CAN USE IMAGES OF MY CHILD ON THEIR WEBSITE AS LONG AS MY CHILD'S NAME IS NOT DIRECTLY TIED TO HIS PICTURE.	
_____ SIGNATURE (PARENT OR GUARDIAN IF UNDER 18)	_____ DATE