

GIRL'S SPRING LACROSSE PROGRAM '18

GIRLS IN GRADES 1-8

WEST ESSEX GIRLS LACROSSE CLUB

Complete the attached application and mail in to –

105 Grandview Ave North Caldwell NJ 07006

Please fill out all the information asked for. Incomplete applications will not be processed.

ALL REGISTRATIONS ARE DUE BY FEBRUARY 1, 2018

Fees- Checks made out to: WEGLAX

1-2 Clinic \$125.00- 11:30-1:00 on Sundays

Grades 3-8 \$295.00 ;

Grades 3&4 Training Mon. & Wed. 5:00-6:30,

Grades 5&6 and 7&8 Training Tues. & Thurs. 5:00-6:30

Select Teams will be an additional \$50.00

Tentative Outdoor Start Date- 3/25/18 For Training-We are going to have some indoor dates prior to the 3/25/18 start date. Games Begin In April

Volunteers are Greatly Appreciated and Welcome!!

Grade level willing to help with _____

For additional information contact weglax@gmail.com

Name _____ Date of Birth (**Mandatory**) _____

Current Grade _____

Name _____ Date of Birth (**Mandatory**) _____

Current Grade _____

Phone (C) _____ (H) _____

Address _____

Email (Required, Print Legibly)

Does your child have any other commitments that may conflict with practices and games during the spring? _____

Health Conditions _____

Emergency Contacts- _____

Parental Agreement- I/we, the parents of the above do hereby give approval to my/our child's participation in any and all league activities during the girl's lacrosse season. I do hereby assume all risks of competition and participation therein, and on behalf of myself, my heirs, and personal representatives do hereby hold harmless, and waive all rights and action I may have against West Essex Girls Lacrosse Club, the Boroughs of Essex Fells, Roseland, North Caldwell, and Fairfield, the Recreation Departments of Essex Fells, North Caldwell, Roseland, and Fairfield, and all other persons involved in this program for any injury, loss or damages my/our child may suffer as a result of participation in the lacrosse program. I/we agree to abide by all rules and regulations set down by the West Essex Girls Lacrosse Club and the JGILL.

Parents Signature _____ Date- _____