

**The Town of Camillus Department of Parks & Recreation  
Presents:**

# **3<sup>rd</sup> & 4<sup>th</sup> Grade Boys 5<sup>th</sup> & 6<sup>th</sup> Grade Boys Lacrosse Clinic**



**Open to West Genesee School District Residents Only \***

**Instructor:** Kevin Grome & Chris Kennealy

**Date:** Mondays & Wednesdays, April 6 – April 29

**Time:** 4:00 PM – 5:30 PM

**Fee:** \$60.00 West Genesee Residents Only

**Location:** Shove Park Arena

**Equipment Needed:** Stick, helmet, gloves, lax pads, mouth guard and water bottle

**Online Registration available at [camillus.recdesk.com](http://camillus.recdesk.com)**

alk in and mail in registration form included.

# REGISTRATION FORM (online registration at [camillus.recdesk.com](http://camillus.recdesk.com))

**For further information, call 315-487-3600**  
**PLEASE MAKE CHECKS PAYABLE TO: Camillus Recreation Department**  
**Return Form with payment to:**  
**Camillus Parks & Recreation**  
**(or in person at Shove Park, 8:30 -12:00 and 1:00 – 4:30)**  
**4600 West Genesee Street, Syracuse NY 13219**  
**315-487-3600**

## HOUSEHOLD INFORMATION

PARENT/GUARDIAN NAME			
ADDRESS		CITY	ZIP
HOME PHONE	WORK PHONE	CELL PHONE	
EMAIL (DO NOT USE WORK EMAIL)			
EMERGENCY CONTACT NAME			PHONE

## PARTICIPANT INFORMATION

NAME	SEX	CURRENT GRADE	BIRTH DATE	PROGRAM/SESSION/TIME
			/ /	<b>Boys Spring Lax</b>
			/ /	
			/ /	
			/ /	

## SPECIAL NEEDS/ LIMITATIONS

<input type="checkbox"/> No <input type="checkbox"/> YES (explain)
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## WAIVER FOR PARTICIPATION

**WAIVER MUST BE READ AND SIGNED BEFORE REGISTRATION IS ACCEPTED**

I assume all risks and hazards incidental to the conduct of the program(s), which I have listed, and to hereby further release and hold harmless the Town of Camillus & Town of Camillus Parks and Recreation staff. I give permission to a licensed physician or hospital staff to administer emergency medical care deemed necessary for myself/my child when normal permission is unavailable. I certify that I/my child am in good physical health and have no limitations other than those I have listed, which may predispose me to risk during this program. I also fully realize that I must provide proper hospitalization. The Town of Camillus does not provide health insurance coverage.

**Signature of Parent/Guardian**
**Date**

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