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 & Bill Spillett Date: Grades 3 & 4: Tuesdays & Thursdays, 3/26 – 4/18 Date: Grades 5 & 6: Mondays & Wednesdays, 3/25 – 4/17 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

Walk in and mail in registration form included.

## **REGISTRATION FORM** (online registration at 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		Стту		ZIP			
Home Phone	WORK PHONE	Cell Phone					
EMAIL (DO NOT USE WORK EMAIL)							
EMERGENCY CONTACT NAME			Рне	ONE			

#### **PARTICIPANT INFORMATION**

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

#### **SPECIAL NEEDS/ LIMITATIONS**

 $\Box$  NO  $\Box$  YES (explain)

#### 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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