

LACROSSE CLINICS

Grades K through 2

Boys and Girls

Sunday-April 7th, 28th

May 5th and 19th

4:15 – 5:30 p.m.

High School Front Lawn



\$60 per participant

(Includes stick/ball, t-shirt)

Parent's name _____

Child's Name _____

Grade _____ Age _____ Check # _____ Amount _____

Address _____

E-mail Address _____ Best Phone Number _____

(write legibly please)

Mail/deliver form and check to Ramsey Recreation Commission, 33 North Central Avenue, Ramsey, New Jersey 07446 by Tuesday, 04/2/2019. Checks should be made payable to *Borough of Ramsey*. No cash will be accepted at the Municipal Building and no refunds will be issued.

I hereby release the Ramsey Recreation Commission from any liability for injuries sustained by my child due to his/her participation in the Lacrosse Clinic. Please note the Borough of Ramsey does not provide accident coverage for this activity.

Parent/Guardian Signature

*****Volunteers are needed to help with the program*****

Yes, I can help _____

(Name and phone number)

For further information, please contact

Dan Polizzotti, 551-427-8508 or ramseyjrlacrosse@gmail.com

Christina Chopra, 201-220-1772 or christinachop40@gmail.com