

MYO BOYS & GIRLS WINTER LACROSSE
CLINICS

Dates:

January 9th, 16th, 23rd & 30th
February 6th, 13th, 20th & 27th

Times:

Boys & Girls kindergarten-2nd 8:30-9:30

Girls 3rd -6th grade 9:30-10:30

Boys 3rd-6th grade 10:30-11:30

Registration Fee: \$30/player

Register by Jan 5th

Location: Clayton Huey Main Street Gym

Registration Form

Name: _____

Address: _____

Telephone #: _____

Parent Name: _____

Grade: _____

**Please make check out to MYO and mail in to address 253 Frowein Rd Center
Moriches, NY 11934**

I/We, the parent(s) of the named child, hereby give our consent for the participation in the above activity and do claim that he/she is in perfect physical condition to participate in said activity. Furthermore, I/We, the parent(s) of the named candidate for a position on a league team hereby give my/our approval to his/her participation in all league activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Moriches Youth Organization, associated organizations, the organizers, sponsors, supervisors, participants and person transporting my/our child to or from activities, for any claim arising out of an injury to my/our child, except to the extent and in the amount covered by accident or liability insurance. The Moriches Youth Organization has adopted a zero tolerance for violence. This includes physical acts of violence, threats of violence or threatening behavior. A violation committed by any participant (player, coach, referee), parent, or fan, will result in immediate expulsion from the league

Signature: _____ **Date:** _____

Any questions call Teresa Tank with any questions. (631)878-1696