



BOYS & GIRLS WINTER LACROSSE CLINICS

Dates:

**January 7th, 14th, 21st, & 28th, 2024
February 4th, 11th, 18th, & 25th, 2024**

Times:

**Boys & Girls Kindergarten - 2nd: 8:30 - 9:30
Girls 3rd - 6th Grade: 9:30 - 10:30**

Registration Fee: \$30/Player

**Location: Clayton Huey Main Street Gym
www.MorichesYouth.org**

Registration Form

Name: _____

Address: _____

Telephone #: _____

Adult 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:** _____

Please call Cookie with any questions. (631) 878-1696