

MYO Kindergarten/Pre K 2024
Spring Lacrosse Clinic

Dates: 4/28, 5/5, 5/12, 5/19

Time: 9am -10am

**Location: Center Moriches High School Grass
(behind the tennis courts)**

Fee: \$60

Registration Information

Name: _____

Address: _____

Telephone #: _____

DOB: _____ **Size:** _____

**I, _____ give permission for my child, _____ to
participate in spring lacrosse.**

Parent/Guardian Signature: _____ **Date:** _____

I/we parents/guardians of named child, hereby give our consent for the above participation in the above activity and do claim said child is in perfect physical condition to participate in said activity. Furthermore, I/we, the parents/guardian of named candidate for a position of league teams hereby give my/our approval for my child to participate in all league activities during the current season. I/we assume all risks, hazards incidental to such participation including transportation to and from activities, and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless Moriches Youth Organization, associated organizations, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities, for any claim rising out of an injury to my/our child except to the extent and in the amount covered by accident or liability insurance.

Moriches Youth Organization has adopted a zero tolerance policy for violence. This includes physical acts of violence, threats of violence or threatening behavior. A violation committed to any participant player, coach or referee, parent, or fan will result in immediate expulsion from the league.

Parent /Guardian Signature: _____ **Date:** _____

Contact Danielle with any questions at (631)566-5425
Please drop in the mailbox at 64 Surrey Drive Center Moriches
Check made payable to MYO