



# Little Lacrosse



Grades Pre-K 4—Kindergarten



Sessions: Two, 4 Week session  
Session One: April 18th  
Session Two: May 16th  
6:00-7:00pm

Tentative Start Date: April 18 2018  
Location: Boys and Girls Club of Pequanock Rink Field  
Equipment provided but limited

- Cradling
- Passing
- Shooting



- Formation
- Stretching
- Scooping

Member Fee: \$65 (non-refundable) Per Session  
Non-Member Fee: \$100 (\$65 + \$35 Membership Fee) Per session  
Family Discount for three or more children  
Registration Deadline: April 1, 2018

No refunds/credit will be given after regular registration period has ended.  
Cancellations prior to deadline will be charged a \$5 processing Fee

We will honor those who signed up with Pequanock Lacrosse. Program is done in cooperation with Pequanock Lacrosse Club

\*\* All correspondence will be sent by e-mail. Please provide e-mail address on back\*\*

Mail form and fee to:  
Boys and Girls Club of Pequanock  
19 Oak Ave Pequanock, NJ 07440  
www.bgcwnj.org  
(973) 633-9007

\*Not a school sponsored event\*

Registration Fee: \$65 Per session  
Non - Membership Fee: \$100  
(\$65+\$35) Per session

Boys and Girls Club of Northwest New Jersey  
Pequannock Unit  
2018 Spring Lacrosse



Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Grade: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

Session 1: \_\_\_\_\_ T-Shirt Size:   ys    ym    yl    yxl

Session 2: \_\_\_\_\_

**Parent/Guardian Information:**

Mother's Name: \_\_\_\_\_  
Business Name & Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ **E-mail** \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Business Name & Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ **E-mail** \_\_\_\_\_

Does your child have any impairment? \_\_\_\_\_

Does your child have any allergies or medical conditions? \_\_\_\_\_

**Coaches:** We need coaches for your child's team!!

\_\_\_\_\_ Name \_\_\_\_\_ Phone #//Email \_\_\_\_\_

**Sponsors:** We need sponsors to help defray the coach of our Spring Lacrosse Program. Sponsorships are \$100 and are tax deductible. Your company name will appear on all rosters and your team shirts.

\_\_\_\_\_ Company or Sponsor Name \_\_\_\_\_ Contact person & Phone number \_\_\_\_\_

\_\_\_\_\_ Company or Sponsor Address \_\_\_\_\_ Company or Sponsor Email address \_\_\_\_\_

I hereby give consent for my child to participate in the Boys & Girls Club of NWNJ Spring Lacrosse. I assume all risk in regard to participation in this and any other Boys & Girls Club program in which my child may participate. I release, indemnify and agree to hold harmless the Boys & Girls Club of Northwest New Jersey its directors, officers, coaches, and volunteers from any liability that may result from participation in Boys & Girls Club activities.

By my signature, I attest to the following:

That the above information is correct.

That in the event of a medical emergency, I authorize the Boys & Girls Club of Pequannock to seek emergency medical care for my child as deemed necessary by the Director.

\_\_\_\_\_ (Signature of Parent or Guardian) \_\_\_\_\_ (Date)