



Presented by CroART Lacrosse
Boys and Girls ages: 3 years old – 6 years old

Location: Saunders Stadium, Moakley Park South Boston, MA.
Dates: Every Tuesday starting Tuesday, June 30 to Tuesday, August 25, 2009
Hours: 6:15 pm- 7:15 pm
Ages: 3 years old – 6 years old (6:15 pm to 7:15 pm),
Cost: Monthly \$50; Walk-in \$15; \$100 for all nine weeks paid in advance

- Six stations featuring activities that focus on developing the skills involved in the sport of Lacrosse.
- Children learn about team-building through fitness-inspired activities.
- Children will move, stretch and build an active lifestyle together by learning fitness and sports fundamentals based on but not specific to the sport of Lacrosse.
- Children learn how to compete with increased self-confidence and a sense of always being included.

Payments can be made by cash or check. Checks can be made out to CroART Lacrosse and mailed to 782 Dorchester Avenue, Boston, MA 02125. Attn: Tyrone Croom.

For more information call 617.592.7732 or email us weelax@croartlacrosse.org.

www.croartlacrosse.org





Wee-LAX

LACROSSE FOR KIDS

REGISTRATION

Each Parent or Guardian must complete and sign this form:

Parents Name: _____

Childs Name: _____

Phone: (_____) _____ - _____

Address: _____

City: _____ ST: _____ ZIP: _____

Email: _____

Age: _____ : Circle child's shirt size: **3T, 4T, 5T, S, M, L**

You can purchase sticks for a special rate of \$10 circle: **Boys Stick or Girls Stick.**

Insurance Information:

Company: _____ Policy Number: _____

Any Health conditions or previous injuries? _____

Doctors Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

PLEASE READ THE FOLLOWING AND SIGN BELOW:

I assume all risks and hazards incidental to the conduct of the activities and do further release, absolve, indemnify, and hold harmless the organizers CroART Inc., sponsors, coaches, refs, and supervisors of The WEELAX program. In the case of injury I **waive** any claims against those named above and anyone appointed by them. I understand that the activity I am allowing my child to participate in is a physical, high-risk sport and that they are participating at their own risk with full knowledge of the dangers associated with participation. I understand no refund of fee will be allowed in case of dismissal for disciplinary reasons. The organizers reserve the right to suspend or expel any participant who violates program rules, or whose behavior or style of play is considered unsportsmanlike, uncontrolled, or at risk to other children.

I have read the above paragraph and understand it fully. I assume all risk of injury. The release is signed on my own free act.

Parent or Guardian

Signature: _____ Date: _____

Childs Name: _____

