

Ledyard Youth Lacrosse Association *Winter Lacrosse Clinic Registration*

NAME: _____ Male / Female _____
Last First

ADDRESS: _____
Street Town State Zip

Age: _____ Grade: _____ Years Exp: _____ School: _____

Phone #: _____ e-mail#1*: _____

e-mail#2*: _____

e-mail#3*: _____

*Note: e-mail will be the primary means of communication between your family and the coaches regarding session schedules so please provide one or more e-mail address that can be and will be checked frequently prior to all sessions. If none are available, please indicate "none available" in the first blank.

FATHER'S NAME

MOTHER'S NAME:

Please summarize any medical conditions that we should know about:

Registration:

- (1) The registration fee is \$20.00 total for all clinic sessions to help defray the cost of janitorial services related to use of the school gym. Please make check payable to Ledyard Youth Lacrosse Association (LYLA).
- (2) The attached **Assumption of Risk and Grant Consent for Medical Treatment** form must be filled out and signed by a parent (or legal guardian).
- (3) Return all forms and check in person or via US Mail to the Ledyard Parks and Recreation office or to LYLA no later than December 31st. Mailing addresses are as follows for mailed packages:

Ledyard Parks and Recreation
4 Blonders Boulevard
Ledyard, CT 06339

LYLA
c/o Sharon Baxley
36 Highland Drive
Ledyard, CT 06339

