



Baltimore County Department of Recreation & Parks

GIRLS LACROSSE CLINIC

For Girls Ages 8-14 and Coaches Sunday, February 12, 2012

TICKETS
AVAILABLE
STARTING
Jan. 17,
2012



LOCATION: Ravens Training Facility
1 Winning Drive, Owings Mills, MD 21117
TIME: 1:00pm – 4:00pm (Check in time 12:30pm)
COST: Youth Participants - \$5.00 Coaches & Parents - Free
Checks should be made payable to - *Edreco Recreation Council* (Checks are preferred)

NO FOOD OR DRINK (EXCEPT WATER) MAY BE BROUGHT INTO THE FACILITY

INSTRUCTION IN:

Offense, defense, goalie skills,
cradling, throwing, catching,
positioning and shooting.



FEATURING:

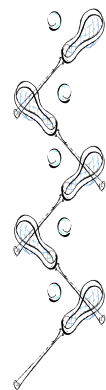
Sonia Lamonica
Towson University
Head Women's Lacrosse Coach

TICKETS ARE **LIMITED** AND MAY BE PURCHASED
AT THE REGION 1 RECREATION OFFICE OR BY MAIL.
TICKETS MUST BE PURCHASED IN ADVANCE.

(NO tickets sold at the door)

Mail form and Check to:

REGION 1 RECREATION OFFICE
106 BLOOMSBURY AVENUE
CATONSVILLE, MD 21228
Region 1 Office: 410-887-1071
For TTY/Deaf, call 410-887-5319



Goalies must bring their own equipment.

Players must bring sticks,
mouth guards, eye guards.

Please do not bring a lacrosse ball.

Clinic will be held rain or shine. In case of
inclement weather listen to
WBAL 1090 or call 410-887-1071.

No snow date.



BCRP Boys Lacrosse Clinic

Sat., Jan. 28, 2012 – 9–11 am - sign-in 8:30am at
Towson University and cost \$5 per participant
Call 410-887-6957 for info.

The following information is required for **EACH** ticket purchase:
Waiver Form (below) that includes name, age, and number of years played.

GIRLS LACROSSE CLINIC 02/12/12

Paid Cash/Check # _____ Ticket # _____

I hereby confirm participant is in good health and able to participate in the activity. I acknowledge the activity may involve risk and danger of bodily injury or death. I fully accept and acknowledge the activities may involve risk, and I hereby assume the risk and responsibility for all dangers and risks associated with the participant in the activity. I further understand that concussion information is available at www.cdc.gov/concussion.

I acknowledge Baltimore County, Maryland, the recreation council, and their respective employees, directors, officers, volunteers, members and any other participant, entity, party or person involved in any regard with the activity or the activity premises and their respective agents, personal representatives, heirs, employees, contractors, successors and assigns (each on "activity representative" and collectively the "activity representatives"), shall not be responsible or liable in any regard or manner for any and all property damage or bodily injury (including serious physical injury or even death) incurred by participant or any party related thereto as a result of his/her participation in the activity.

I have read, fully understand, and hereby freely sign, approve of, and agree to the terms of this registration form. I hereby unconditionally release, discharge, covenant not to sue, waive my rights and remedies, and agree to hold harmless the activity representatives from any and all claims, costs, demands, losses, damages, or expenses associated with, in whole or in part, participant's involvement with the activity. I certify all answers and information provided on the registration form are to the best of my knowledge true and correct throughout the activity. I shall inform the recreation council in writing if any information provided in this registration form is incorrect or changes throughout the course of the activity. I understand Baltimore County and/or the recreation council do not perform criminal and/or background checks on activity representatives. I shall present a government-issued photo identification card including, but not limited to, my driver's license, passport, or United States Visa to the activity representative to review, if requested, at the time I submit this registration form in the recreation council.

PARENT/GUARDIAN SIGNATURE _____ D.O.B. ___/___/___ REC. COUNCIL _____
PARTICIPANT NAME _____ CURRENT AGE _____ POSITION(S) _____ GOALIE? YES NO
ADDRESS _____ ZIP _____ # YEARS PLAYED _____
EMERGENCY PHONE# _____ Home _____ Cell _____