

Millbrook Lacrosse Club



It is time once again for our 2010 Millbrook Lacrosse Club registration. The registration fee is \$60 for residents and \$75 for non-residents. All equipment must be provided by the participants. You will receive a team jersey that will be yours to keep.

This club is open to any child in fourth through eighth grade. The two division of play will be: 4th, 5th, and 6th grades and 7th & 8th grades. Practice will be one night a week at the Millbrook Prep School. Games will take place on Saturdays, and occasionally during the week. Home games will be at Millbrook Prep and away games will be at various fields in our surrounding communities.

The first practice will be in March at the Millbrook Prep School. Games will begin in the middle of April. We are happy to have Doug Marr back again this year as the clubs' director. You will receive a phone call or a mailing before the season starts. If you have any questions you may contact the recreation office at 677-8278.

Thank you,

Warren McMillan
Director of Recreation

Kelly Whalen-Cassinelli
Assistant Director of Recreation

2010 Millbrook Lacrosse Club

_____ GIRL _____ BOY

(please check appropriate gender)

NAME: _____
(LAST) (FIRST) (M.I.)

PARENT/GUARDIAN NAME: _____

MAILING ADDRESS: _____

TELEPHONE: _____
(HOME) (CELL)

FAMILY E-MAIL ADDRESS: _____

EMERGENCY NAME & TELEPHONE #: _____

PARTICIPANT'S: AGE _____ GRADE _____ (AS SEPTEMBER 2009)

SPECIAL NEEDS/MEDICAL CONDITIONS & ALLERGIES: _____

RELEASE AND CONSENT

AS IN ANY RECREATIONAL ACTIVITY, THERE ARE SOME INHERENT RISKS AND INJURY MAY OCCUR. I HEREBY RELEASE AND DISCHARGE THE TOWN OF WASHINGTON, ITS AGENTS, EMPLOYEES, APPOINTED OFFICIALS, VOLUNTEERS, COMMISSIONS OR ASSOCIATIONS FROM ANY AND ALL CLAIMS OR ACTIONS FOR LOSSES, DAMAGES OR PERSONAL INJURIES TO MY CHILD WHICH MAY OCCUR OR ARISE OUT OF MY CHILD'S PARTICIPATION IN THE YOUTH LACROSSE PROGRAM. I ALSO UNDERSTAND THAT THE TOWN DOES NOT PROVIDE MEDICAL INSURANCE. ANY MEDICAL COSTS DUE TO PARTICIPATION IN THIS LEAGUE ARE THE SOLE RESPONSIBILITY OF THE PARTICIPANT'S FAMILY.

DATE: _____ PARENT/GUARDIAN SIGNATURE: _____

REGISTRATION FEE IS \$60/\$75 WHICH INCLUDES THE COST OF A JERSEY.

PLEASE MAIL COMPLETED FORMS AND FEES TO:

T.O.W. RECREATION

P.O. BOX 970

MILLBROOK, NY 12545

MAKE CHECKS PAYABLE TO: T.O.W. RECREATION

FOR OFFICE USE ONLY

PAYMENT AMOUNT _____ CHECK # _____ CASH _____ DATE _____

