

INTRODUCTION TO LACROSSE CLINIC FOR INCOMING FRESHMAN TO 12TH GRADE

MAIL IN

Send form and payment to:

Sumner/Bonney Lake Recreation 1202 Wood Ave. Sumner, WA 98390

WALK IN Sumner/Bonney Lake Rec. 15206 Daffodil St. Ct. E Sumner, WA 98390 (Behind Daffodil Elementary in Robert Miller Gymnasium)

Mon – Fri 8:30 AM – 5:00 PM

FAX IN

Fax form with VISA/MC credit card payment to:

Sumner/Bonney Lake Rec. (253) 891-6515

You are welcome to call in CC#

| Participant's Na | me | | | _ Age | Grade | School | |
|---|--------------|-----------|------------|--|-------|--------|--|
| Participant's Name | | | | _ Age | Grade | School | |
| Parent/Guardian | 's Name | | Email | | | | |
| Address | | | City | | Zip | | |
| Home Phone Day I | | Day Phone | Cell Phone | | | | |
| Want to play "the fastest game on two feet" next year for BLHS? Come out and learn the basics with the BLHS Lacrosse team and coaches! | | | | | | | |
| Clinic Includes: -Passing and Catching -Defense and Offense -Shooting and Scrimmages PARKS REC | | | | | | | |
| Dates: Grades: Times: Location: Cost: | 6:30-8:30 PM | | | Sub Total Non-resident fee (\$5) TOTAL | | | |
| Check # (Make checks payable to: Sumner/Bonney Lake Recreation Dept. | | | | | | | |
| Visa/MC # | / | / | / | | _Exp/ | _ | |
| I assume all risks and hazards of the conduct of the program and release from responsibility any person providing transportation to and from activities. In case of injury, I do hereby waive all claims of legal actions, financial or otherwise against the City of Sumner, the City of Bonney Lake, or the Sumner School District. In absence of signature, payment of fee and participation in the program shall constitute acceptance of the conditions set forth in the release. I grant full permission to use any photographs, videos, recordings, or any other records of this program for promotional purposes. | | | | | | | |
| Parent/Guardian Signature | | | | Date | | | |