



Baltimore County Department of Recreation & Parks

GIRLS LACROSSE CLINIC

For Girls Ages 8-14 and Coaches

Saturday, February 13, 2010



TICKETS AVAILABLE STARTING Jan. 18,

LOCATION: Raven's Training Facility
1 Winning Drive, Owings Mills, MD 21117

TIME: 11 am to 2:00pm (Check in time 10:30am)

COST: Youth Participants - \$5.00 Coaches & Parents - Free
Checks should be made payable to - *Towson 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.



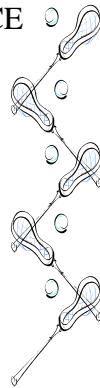
FEATURING:

Missy Doherty
Towson University
Head Women's Lacrosse Coach

TICKETS ARE LIMITED AND MAY BE PURCHASED AT THE NORTHWEST AREA RECREATION OFFICE AT PIKESVILLE MIDDLE SCHOOL OR BY MAIL. TICKETS MUST BE PURCHASED IN ADVANCE (NO tickets sold at the door)

Mail form and Check to:

NW Area Recreation Office
7701 Seven Mile Lane
Pikesville, MD 21208
NW Area Office (410) 887-6747



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 410-887-6747
No snow date.

BCRP Boys Lacrosse Clinic



at., Jan. 30, 2010 Call 410-887-6957 for info.

The following information is required for EACH ticket purchase: Waiver (low) that includes name, age and # of years played.

GIRLS LACROSSE CLINIC 02/13/10

Paid _____ 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 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 tough 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 _____ DATE ____/____/____ REC. COUNCIL _____

PARTICIPANT NAME _____ CURRENT AGE _____ POSITION(S) _____ GOALIE? YES NO

ADDRESS _____ ZIP _____ # YEARS PLAYED _____

EMERGENCY PHONE# _____ Home _____ Cell _____