



**""2 Day LACROSSE CLINIC  
February Vacation Week**

**BOYS 5<sup>th</sup> thru 8<sup>th</sup> Grade  
Y ef /Vj wtuFeb 17, 18<sup>th</sup> 3ro – 6'ro**

**Cost: \$70 per person**

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Fundraiser for Algonquin Regional High School Boy's Lacrosse Team**

ARHS Boy's Lacrosse Teams will host this fundraiser clinic and will run **FUN** drills, scrimmages and competitions and demonstrate plays they run at the high school level.

**DUST OFF THAT STICK AND COME HAVE A GREAT TIME!**

Bring your Full Lacrosse gear. **MANDATORY** equipment: helmet, athletic cup and mouth guard. School Rules: Sneakers with **WHITE** soles **ONLY**, Water **ONLY** – no Gatorade type drinks

Questions? Call Jim Hegarty (508) 624-4875

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Send registration form, \$50 check payable to ARHS Boosters and signed waiver by **February 13th** to:

Jim Hegarty, 14 Maplecrest Drive Southborough, MA 01772

Player: \_\_\_\_\_ Grade: \_\_\_\_\_ Position: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Daytime Tel #: \_\_\_\_\_

Email address: \_\_\_\_\_

In consideration of my participation in the ARHS Boosters Lacrosse Clinic, I agree to the following:

1. Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event and related sports conditioning activities. I further agree on behalf of myself, my heirs, and personal representatives, that ARHS Boosters, along with volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event.

2. Medical Attention: I hereby give my consent to ARHS Boosters to provide transportation and emergency medical services as warranted in the course of my participation in this clinic.

Name of Parent / Guardian (please print) \_\_\_\_\_

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SIGNATURE OF PARENT/GUARDIAN

DATE

As legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the above conditions for permitting my child to participate in the ARHS Boosters Lacrosse Clinic, and I accept each of the above conditions, especially the waiver and release set forth in paragraph one.

