

18th Annual

Boys' Lacrosse Clinic

Saturday, Jan. 28, 2012
9:00-11:00 a.m.



**For Boys Ages 6-14
& Coaches**

Featuring: Towson University
Head Lacrosse Coach
Shawn Nadelen



Doors open 8:30 a.m.
Check-in 8:30-9:00 a.m.

Youth tickets: \$5
Coach tickets: \$5

Location: Held at Towson University,
Burdick Hall Gym, at the corner of
Towsontown Blvd. & University Ave.
(Free Parking in Towsontown Garage)

Boys: Come and learn stick work, passing, shooting and goaltending! NO experience necessary!
Instruction by Towson University team members! (Children should be accompanied by an adult.)
Participants must wear athletic shoes and bring a lacrosse stick.

Coaches: Register for a clinic on team strategy and techniques, instructed by TU staff

Tickets may be purchased in person, or by mailing a check (payable to Reisterstown Recreation Council) with Registration Form below to: **Region 2 Recreation Office; Hannah More Ctr., Rm. 202
12035 Reisterstown Rd.; Reisterstown, MD 21136**

Mailing deadline: Fri., Jan. 20, 2012. Walk-in ticket sales deadline: Wed., Jan 25, 2012.
Order early, ticket quantity is limited. No tickets available at the door. In case of inclement weather, listen to WBAL 1090AM by 7:30 a.m. or check www.baltimorecountymd.gov for cancellation. No snow date.
For more info: Contact Region 2 Rec. Office, 410-887-6957; email Region2-rp@baltimorecountymd.gov; TDD 410-887-5319

A girls' lacrosse clinic will be held on Sun. Feb. 12, 2012, at the Ravens Training Camp, 1-4 p.m. For more information on girls' clinic, contact the Region 1 Recreation Office at 410-887-1071.

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Cash/Check # _____ Amt _____
REGISTRATION FORM: Youth Ticket \$5 _____ Coach Ticket \$5 _____ Enclose with a check payable to: Reisterstown Recreation Council
Participant's Name _____ Age _____ Emergency Phone# _____
Mailing Address _____ City _____ State _____ Zip _____

ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY:

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 this 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 through 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 drivers license, passport, or United States Visa to the activity representative for review, if requested, at the time I submit this registration form to the recreation council.

Signature of _____ Print Name _____ Relationship _____
Parent/Guardian _____ of Signatory _____ to Participant _____
Date _____

