

Future Stars Lacrosse



DATE: July 10th -13th

Time: 9:00-12:00

WHO: 1st-8th Graders Boys and Girls

LOCATION: Tyngsboro High School

FEE: \$125. Sibling Discount \$100 per sibling. (Make checks to Indian Stars)

Future Stars Lacrosse Clinic provides quality lacrosse instruction and coaching with an emphasis on good sportsmanship, fair play, and fun. Young players develop their skills at a pace and in an environment appropriate for their skill and age level. Boys are required to wear full equipment. Girls are required to wear mouth guards and goggles. Staff includes High School Coach Craig Flynn (Hofstra), All American Drew Laundry (Towson), High School Coach Britney Whiteway as well as other coaches and Division 1 College players.

Registration Form

Complete and return to: Future Stars 14 Gov. Hutchinson Rd, Billerica MA 01821

Participants Name: _____ Grade: _____

Address: _____ Zip: _____

Telephone Number (H): _____ (W): _____

(Cell): _____ E-mail: _____

Emergency Contact: _____ Phone: _____

Special instructions and/or information that an instructor needs to be aware of: _____

Release of liability, medical consent, and injury waiver:

In consideration of his/her participation in the clinic, the undersigned hereby release the town of Tyngsboro and Recreation, Future Stars Lacrosse and their officers, agents, employees, and volunteers from any liability for, and waives all claims, suits or caused for action based on or arising from any injury suffered or incurred by the undersigned as a result of or in conjunction with his/her participation in said clinic. Such waiver and release to be in effect without regard to whether such injury is the result of or caused by the fault of the town of Billerica and Billerica Recreation Department, Future Stars Lacrosse or any of their officers, agents, employees, or volunteers. This instrument is intended to take the effect as a sealed instrument. I further certify that my child's immunizations are up to date, and is medically fit to participate in the above recreation program. I authorize clinic instructors to obtain medical treatment for my child. In absence of a signature payment of fees shall constitute acceptance of conditions of their release. Indian Stars Lacrosse will not provide health or accident insurance for participants. I consent that any pictures taken during this clinic are property of Indian Stars Lacrosse and can be used for promotional purposes.

Signature: _____ Date: _____

QUESTIONS? Call Coach Craig Flynn: (978) 804-8520

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