

Lacrosse Scoopers

Join us for our
BRAND NEW PROGRAM
For boys and girls 4-6 years old

Practices will be Saturdays from
April 24th-May 29nd
(there are no games for this program)
from 9-9:30am for the 4-5 year olds
and
from 9-10am for 6 year olds.
(age as of 01/01/2010)

(The second half hour will give the 6 year olds a chance to have a more game like setting, learning more of the rules of the game and later in the season actual scrimmage time.)

Equipment: each child will need a lacrosse stick

Registration

DCY Members

\$35

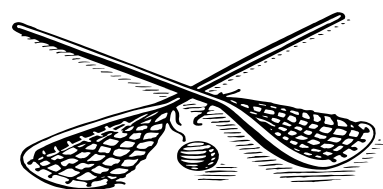
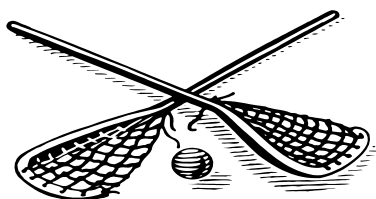
Non-member

\$45

Late Registration

Add \$10 after March 15, 2010

Scholarships are available please inquire at the Front Desk



Dorchester County Family YMCA

2010 Scoopers

Registration Form

If paying by MasterCard/Visa, you may register by fax
YMCA Fax # 410-221-0514

Child's Name
Date of Birth
Address
City State Zip Code
Child's primary Home phone #
Other home phone#
School as of 09/01/2009
E-mail:
Mother/Guardian's name
Work Place
Work Phone Cell Phone
Father/Guardian's name
Work Place
Work Phone Cell Phone
#Dorchester Y Member? yes no

Shirt Size:(If in doubt please order next larger size) youth small 6-8 youth medium 10-12 youth large 14-16 adult medium adult large

REORDERS are at parents expense \$8 youth sizes \$10 adult sizes

Please contact me about coaching initial, please
Please contact me about sponsoring a team (\$250) initial, please
I would like to volunteer as a team mom or dad (please circle one)

Waiver & Release

Parent/Guardian Authorization: I give my child
Permission to participate in YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes still happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA and its staff, members, volunteers, and sponsors from all liability for any injury loss or damage connected in any way whatsoever to participates in YMCA activity whether on or off they YMCA premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA its, staff, directors, members and guests. I have read and am voluntarily signing this authorization and release. I understand that the YMCA does not carry accident in insurance and I will be responsible for any medical claims that may arise from my child's participation. Teams from the northern end of the county may practice at a location other than the YMCA. This waiver will also release Dorchester County School Board, if a practice should be held at a school location.

Parent/Guardian Signature Date 2009

Office use: Registration Date Receipt Staff initials

If paying by MasterCard/Visa Exp v-code