



EIAA

Boys Youth Lacrosse

TryLax Clinic
Learn To Play

Open to Grades 1st thru 6th
Introduction to the Game of Lacrosse
Age Appropriate Instruction, Games & Free Play

When: July 25th, 2019

Where: McAvoy Park

1615 North Winton Rd., Roch., 14609

Time: 4:30 PM to 6:30 PM

No Cost to Students!

for Registration Information Contact
Mike Rizzo at marizzo1954@gmail.com

Please complete the attached Registration and Medical Waiver Forms and return by 7/1/2019.

EIAA
Boy's Youth Lacrosse
July 25th TryLax
Learn To Play Clinic
Registration Form

Date: _____

Players Name: _____

Players Age: _____ DOB: _____

Grade: _____ School: _____

Parent/Guardian: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Played Before: Yes No Need Stick: Yes No

Please return registration to: marizzo1954@gmail.com

EIAA Youth Sports
Medical Release Form

I hereby give my permission for any and all medical attention necessary to be administered to _____

(youth sports participant) in the event of an accident, injury, sickness etc. under the direction of the people listed below until such time as I may be contacted. The release is effective for the time during which my child is participating in EIAA Youth Lacrosse. I also hereby assume responsibility for payment for such treatment.

Parent/Guardian Name: _____

Home Address: _____

Emergency Phone Number: _____

Insurance Provider: _____

Policy Number: _____

Family Physician: _____

Physician Phone Number: _____

Any Allergies: _____

Additional Relevant Medical Conditions:

In the event I cannot be reached, either of the following persons designated may act in my capacity:

Name: _____ Phone: _____

Name: _____ Phone: _____

Signature of Parent/Guardian: _____