

2 Day LACROSSE CLINIC
February Vacation Week
BOYS 5th thru 8th Grade
Fundraiser for ARHS Boy's Lacrosse Team

Tuesday Feb 17 and Wednesday Feb 18
11am – 1 pm

Hit Quarters 3 Tennis Drive, Shrewsbury
(off Rt 9 across from the Christmas Tree Shop)

Cost: \$60 per person

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. Run by ARHS coaches.

DUST OFF THAT STICK AND COME HAVE A GREAT TIME!

Bring your Full Lacrosse gear. MANDATORY athletic cup and mouth guard.

Questions? Call Jim Hegarty (774) 232-2332

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Send registration form, \$60 check payable to ARHS Boosters and signed waiver by **February 12th** 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) _____

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.