



Fall Lacrosse Program

Ridgewood Parks & Recreation



Program takes place at Habernickel Park, 1037 Hillcrest Rd.
Sessions run once a week for 6 weeks

SKU	Class Name	Day	Date	Time	Age	Price
QLS54943	Squirts Lacrosse	Mon	9/17/2018 to 10/29/2018	2:30 PM to 3:30 PM	4 - 5	\$120
RLS54545	Senior Squirts Lacrosse	Mon	9/17/2018 to 10/29/2018	3:45 PM to 4:45 PM	5 - 6	\$120

Non Residents pay \$130

No class October 8

Make ups will be offered as needed

SQUIRTS LACROSSE: The perfect introduction to the nation's fastest growing sport! Each session will focus on a new skill including scooping, throwing, catching, & more.

SENIOR SQUIRTS LACROSSE: Focusing on a different skill each week, this program teaches players the basics of lacrosse including scooping, cradling, & more.



Ridgewood Parks & Recreation: (201) 670 5560 (Informational purposes)
www.RIDGEWOODnj.net/communitypass
 Ridgewood Parks & Recreation The Stable, 259 N Maple Ave, Ridgewood NJ 07450

USsportsInstitute.com
 (866) 345-BALL

FALL LACROSSE 2018

REGISTRATION FORM

PROGRAM & FAMILY INFORMATION

1 Players Name _____ Age _____ DOB _____

Season _____ Program _____ Day _____ Time _____

Fee _____

Season _____ Program _____ Day _____ Time _____

Fee _____

Yes, this player has individualized needs due to a disability & I would like to be contacted regarding reasonable accommodations

2 Players Name _____ Age _____ DOB _____

Parents Name (if the player is under 18) _____

Address _____ Apt # _____

Town _____ State & Zip _____

Primary Contact # _____ Cell # _____

PAYMENT METHOD

Total Cost of Programs: _____

TOTAL PAYMENT: _____ Checks payable to: **Ridgewood Parks & Recreation**

Mailing Address: Ridgewood Recreation, 259N Maple Ave, Ridgewood, NJ, 07450

Phone Number : (201) 670-5560 (informational purposes only)

WAIVER & OTHER INFORMATION

Please list all additional medical information by enclosing additional written documents when you register

- 1) Your cleared check is confirmation that your place is confirmed.
- 2) All Programs are non refundable
- 3) The program will be cancelled if minimum registration numbers are not met.

Medical Cancellation: If a medical emergency arises and you submit medical documentation stating that the registrant cannot participate, USA Sport Group will issue a credit voucher** for any time missed (affected dates must be noted on the medical documentation submitted).

Weather Policy. Cash refunds or credits will not be issued in the event of any adverse weather cancellation. Registration for any class/camp should come with the understanding that a portion of may be impacted or canceled due to adverse weather conditions. **Spring, Fall or Winter Programs (Weekly sessions):** Any single session that is canceled in its entirety by USA Sport Group due to adverse weather conditions, will have lost time compensated by utilizing the prearranged make-up date. In the unlikely event of more than one weather cancellation during the spring, fall or winter sessions, USG cannot guarantee any further make-ups and/or compensation for lost time. **Summer Programs & School Vacation Camps** Where possible USG will work with the host organization to secure an indoor facility in case of inclement weather. In the event of an adverse weather cancellation, programs will not be made-up or compensated for missed time.

USSI & Ridgewood Recreation Waiver and Hold Harmless Agreement. I hereby agree to let my child participate in this activity. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my participation, and am willing to assume these risks. I hereby certify that my child is fully capable of participating in the sport and that he/she is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in this activity, except as included in writing with this application. In addition to giving full consent for my child's participation, I do hereby waive, release and hold harmless US Sports Institute Inc & Ridgewood Recreation, its officers, coaches, sponsors, partners, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the sport and the activities incidental thereto, whether the result of negligence or any other cause. I grant permission for my child to receive emergency medical treatment.

Signed: _____ **Date:** _____



By Mail: Ridgewood Recreation Dept, The Stable, 259 N Maple Ave,
Ridgewood, NJ 07450

Online: www.ridgewoodnj.net/communitypass

In Person: The Stable, 259 N Maple Ave.

By Phone: (201) 670 5560 (informational purposes)

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