

3-Day Lacrosse Clinic Registration Form

Casey Powell Lacrosse Clinic
Mon-Wed, Feb 23rd-25th, 2009

Name _____ Age _____

Address _____

Town _____ State _____ ZIP _____

Home Phone _____ School: _____

**E-Mail _____

All correspondence will be done via email

Permission Statement:

I give my son/daughter _____ permission to participate in a Seacoast United Lacrosse Class. I understand that all participating in this program do so at their own risk, and without recourse to Seacoast United Lacrosse Club, it's officers, agents, and/or coaches.

Signature of Parent/Guardian _____

In the event of an emergency, we should call:

_____ at tel. # _____
or _____ at tel. # _____

Medical concerns we should be aware of are: _____

Please select:

Girls (all ages) 9-10am

Boys (ages 9-13) 10am-12pm

Boys (ages 14-18) 1-3pm

Cost and Payment Information

Girls' Session: \$75

Boys' Session (all ages): \$125

\$_____ I am paying in full. Check # _____

Please make checks payable to SUSC and return to:

Seacoast United Lacrosse Club, PO Box 779, Hampton, NH 03843-0779, ATTN: Squire

Check out our High School Preseason Tune-up Training!

March 9th-12th 4-6pm Seacoast United Outdoor Complex, Epping, NH \$140/wk Boys or Girls

March 16th-19th 4-6pm Seacoast United Outdoor Complex, Epping, NH \$140/wk Boys or Girls

Registration Policy

We do not send or call with confirmations. Consider your child enrolled in the program of your choice when you send in a completed registration form and payment. We will notify you if the class has been filled, canceled, or changed. Seacoast United reserves the right to cancel or consolidate any program that does not meet minimum registration numbers.

For more information on all of our classes/clinics, please email Mary Squire at msquire@seacoastunited.org.