



WYSR Indoor Lacrosse Clinic
Saturday, Feb 4th, 11th & 18th from 10am-12pm @ Middle School Gym
(ONE FORM PER PLAYER)



www.windsorysr.org

Player Full Name:		Home Phone:	Cell Phone:
Home Address:			
Mailing Address (if different than above):			
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Parent Email:	
<u>Which Clinic is the player registering for?</u>			
Girls/Boys K-2nd <input type="checkbox"/>	Girls 3 rd -6th <input type="checkbox"/>	Boys 3 rd -6th <input type="checkbox"/>	
<u>Player Shirt Size :</u> YS _____ YXL _____ YM _____ AS _____ YL _____ AL _____		Parent Name(s) & Cell Phone: _____ Emergency Name(s) & Phone: _____	
Our Clinics and Leagues' success depends on parental support! If you are interested in helping in any way, please let us know!		<input type="checkbox"/> Yes, I am interested in lending a hand, please call me at (phone #:) _____ to talk about how!	

I, the parent of the above named child give my approval to his/her participation in any and all activities sponsored by the Town of Windsor. I assume all risks and hazards incidental to such participation and agree to hold harmless, Town of Windsor Youth Programs, the organizers, supervisors and participants for any claim arising out of injury to my child.

I, agree to return upon request all equipment issued to our child in as good condition as when received, except for normal wear and tear. I also certify that my child has not had any illness, accident, broken bones, or injuries during the past six months that would hinder his/her unfit to participate in said activities.

Signature of Parent or Guardian

Date

Cost of Clinic is \$30 per player, max of \$60 per family.

Please mail registration form and a check or money order payable to WYSR:
 P.O. Box 412 Windsor, NY 13865

You may also register and/or pay online via paypal at: www.windsorysr.org