



# SPRING 2020 STOW-MUNROE FALLS YOUTH GIRLS' LACROSSE TEAM

**LEARN TO PLAY! NO EXPERIENCE REQUIRED!**

**WHO:**

5th & 6th Grade Girls

**WHAT:**

A competitive and fun team that is perfect for both the beginner and returning middle school player. Program includes several practices per week (2-3 depending on games) and 7-10 games! Games are played against local teams both home and away!

**WHEN:**

March - May 2020

The actual number of games and practices depend on weather and field conditions. Our first priority is the safety of our players.

Transportation to and from all games is the responsibility of the parent. No transportation will be provided, but all games will be played in Northeast Ohio.

**WHERE:**

All practices will be held at Stow schools and home games will be played at Stow-Munroe Falls High School.

**COST:**

\$125 (checks payable to City of Stow)

-includes Coaches and Uniforms

-Sticks and goggles are on a first-come, first-serve basis.

Register and pay online at [StowOhio.RecDesk.com](http://StowOhio.RecDesk.com)

Send your completed registration and payment

**(by Friday, March 6, 2020) to:**

Stow Parks and Recreation

3760 Darrow Rd.

Stow, OH 44224



## Girls "Spring 2020" Lacrosse REGISTRATION

Player Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent Email: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(1) Emergency Contact Name and Relation: \_\_\_\_\_

Phone (C) \_\_\_\_\_ (H) \_\_\_\_\_

(2) Emergency Contact Name and Relation: \_\_\_\_\_

Phone (C) \_\_\_\_\_ (H) \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**Release of Liability:**

I hereby release and remove Stow HS, its players, its agents, employees, staff, directors, and officers from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my child's participation in the Stow Girls Youth Lacrosse Program.

I also authorize Stow HS, its agents, employees, staff members, directors, and officers to take any necessary action when necessary, in their best judgment, in case of emergency and hereby release and discharge Stow HS, its agents, employees, staff members, directors, and officers from any responsibilities or liabilities related thereto.

Parent/Guardian Name (PRINT): \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_