

# LACROSSE

## Winter Skills Camp

Sharpen your lacrosse skills or learn a new sport during the Lacrosse Winter Skills Camp at the DISC! In this 5-week clinic, participants aged 7 – 18 will learn passing, catching, shooting, cradling, and scooping, along with the basic rules of lacrosse. Participants will receive a long-sleeved tee.

Mask must be worn at all times. No Scrimmage/play and no drills with contact. Please bring your own water bottle (water fountains are closed) bottle fillers work. Bring all protective gear: mouth guard, stick, and wear tennis shoes (no cleats).

Code	Age	Day	Date	Time
360000-13	Youth (Coed)	Sat.	Nov. 14 - Dec. 19*	10:30 - 11:30 a.m.
360000-14	HS (Girls)	Sat.	Nov. 14 - Dec. 19*	9 - 10:15 a.m.
360000-15	HS (Boys)	Sat.	Nov. 14 - Dec. 19*	11:45 a.m. - 1 p.m.

**Location:** DISC, 1295 W. Wood  
**Fee:** Youth - \$65 / High School - \$68  
 \*Will not meet on Nov 28.



### Lacrosse Winter Skills Camp

Please check section:  360000-13  360000-14  360000-15  
 Please mail or drop off registration at the DISC (1295 W.Wood, Decatur, IL 62522)

Parent/Guardian Name: \_\_\_\_\_ Participant Name: \_\_\_\_\_

Participant Info:  Male  Female Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: (Mr. Mrs.): \_\_\_\_\_ Email: \_\_\_\_\_

School \_\_\_\_\_

Shirt Size:  YS  YM  YL /  AS  AM  AL  AXL

Check one:  Cash  Check  Credit Card Amount Paid \_\_\_\_\_

Visa  MasterCard  Discover  American Express Card #: \_\_\_\_\_ CVV#: \_\_\_\_\_

Exp.: \_\_\_\_\_ Signature: \_\_\_\_\_

*\*Outstanding balances due to the Decatur Park District must be paid in full before enrollment and/or participation in other Park District activities. Thank you for your understanding.*

I would like to donate \$ \_\_\_\_\_ to the scholarship program to enable economically disadvantaged youth the opportunity to participate in programs. (Please enclose donation). Thank you.

– SIGN WAIVER ON BACK –

In accordance with the Americans with Disabilities Act, does registrant require any special accommodations or assistance for enjoyment of the program?

Yes  No  If yes, please describe: \_\_\_\_\_

PHOTO: I understand that my child/ward or I may be photographed or videotaped while participating in a Decatur Park District program. I give permission for photos and videotapes of my child/ward or me to be used to promote the Park District. Such photos and videotapes will remain the property of the Decatur Park District.

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in this program(s), you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program(s) (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program(s), and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program(s) against the Decatur Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "Decatur Park District").

I do hereby fully release and forever discharge the Decatur Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I have read and fully understand the above waiver and release of all claims and assumption of risk. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect and an original form signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(18 years or older or Parent/Guardian)

NOTE: The Decatur Park District does not carry medical or accident insurance for its participants. The cost of such insurance would make programs cost prohibitive. We suggest that you look at your own insurance policy to be sure you are adequately covered. The Park District assumes no responsibility for personal injuries or loss of personal property.