

# GENEVA GIRLS YOUTH FALL LACROSSE



**Geneva Family YMCA**



**Girls Fall Lacrosse  
Sundays  
September 19<sup>th</sup>  
through  
October 17<sup>th</sup>**

**Girls grades 1-3: 9:30am – 10:30 am**

**Girls grades 4 – 6: 10:30 am – NOON**

**REGISTRATION OPENS  
August 25, 2021**

**Program Fees:  
Grades 1-6 \$20.00**

Financial Assistance  
Is available  
Inquire at the YMCA  
315-789-1616

This 5 week program is great introduction to the sport of girls lacrosse or a way to keep sticks in hand and skills sharp between seasons! Coach Nick DeMaria will lead all sessions at Ridgewood Park on Ada Street in Geneva. Program will focus on skills and drills and girls will scrimmage in house each week. Additionally Coach Nick will host a weekly Wall Ball session at the YMCA – Days & Times TBA.

Contact Coach Nick directly with any program related questions:  
[nickdemo14@hotmail.com](mailto:nickdemo14@hotmail.com).

**For more information or to register your child please contact the  
Geneva YMCA @ 315-789-1616**



**Visit us online @  
[genevayouthlacrosse.com](http://genevayouthlacrosse.com)**



Geneva Family YMCA  
399 William St.  
Geneva, NY 14456

## Fall Girls Lacrosse

Please circle

Grades 1-3

Grades 4-6

NAME: \_\_\_\_\_/\_\_\_\_\_

ADDRESS: \_\_\_\_\_/\_\_\_\_\_

PHONE: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_ DOB: \_\_\_\_\_

\*\*\*\*\***MANDATORY INFORMATION**\*\*\*\*\*

**PARENT EMAIL ADDRESS:** \_\_\_\_\_

### Health Information

Does your child take any medications      No      Yes (Specify) \_\_\_\_\_

Does your child have any allergies?      No      Yes (Specify) \_\_\_\_\_

Does your child have any disabilities/medical issues/injuries  
No      Yes (Specify) \_\_\_\_\_

### Emergency Contact Information

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship: \_\_\_\_\_

### WAIVER:

I hereby certify that my child is in normal health and capable of safely participating in the Sport or Event named above. I understand that this activity is potentially dangerous and can result in injury, even under normal circumstances. My child is physically able to participate in the activity named above. I hold harmless the Geneva Family YMCA, any officer, volunteer or employee of, and all involved with participation in the above mentioned sport, event or activity. In the event that I am not able to make arrangements for emergency medical attention at the time of an illness or injury, I hereby authorized the Geneva Family YMCA to transport my child to the nearest medical facility for treatment deemed necessary.

I further certify the following:

1. My child/self/household member has not traveled out of New York in the past 14 days
2. My child/self/household member has not come into close contact with someone that has either a suspected or confirmed COVID-19 diagnosis in the past 14 days.
3. My child has not had a fever greater than 100.4 F or any known symptoms of COVID-19 in the past 14 days.
4. My child does not CURRENTLY have a fever greater than 100.4 F or any known symptoms of COVID-19.

\*\* For a complete list of COVID-19 symptoms please reference:

<https://coronavirus.health.ny.gov/protect-yourself-and-your-family-coronavirus-covid-19>

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

**Fee: \$20.00**