

GENEVA BOYS & GIRLS SPRING LACROSSE CLINICS



GENEVA FAMILY YMCA



BOYS & GIRLS OUTDOOR SPRING LACROSSE

**PROGRAM RUNS FROM
APRIL 1ST - JUNE 2022**

REGISTRATION OPENS MARCH 2ND FOR ALL!

PROGRAM FEES:

GRADE K	\$25
GRADES 1-2	\$100
GRADES 3-6	\$125

**For more info,
inquire at the YMCA
(315) 789-1616**

Lacrosse builds speed, agility, and coordination, as well as teamwork and confidence. We aim to create a fun yet competitive atmosphere that can serve as a feeder program for Middle and High School Lacrosse. Games are played against teams from Waterloo, Penn Yan, Seneca Falls, Marcus Whitman, Canandaigua, Horseheads and more. Grades 1-6 will also attend up to 2 tournaments during our 2022 season. The YMCA has limited equipment for participants to borrow and program scholarships are available based on need.

Contact Coach Jeff Dunham directly with any program related questions: genevayouthlacrosse@gmail.com

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



**VISIT US ONLINE AT
GENEVAYOUTHLACROSSE.COM**



GENEVA FAMILY YMCA
399 WILLIAM ST.
GENEVA, NY 14456

Winter Lacrosse	
Please circle	
Girls Grade	Boys Grade
K	K
1/2	1/2
3/4	3/4
5/6	5/6

BOYS & GIRLS SPRING LACROSSE 2022

NAME: _____

ADDRESS: _____/_____

PHONE: _____ CURRENT GRADE: _____ DOB: _____

PARENT EMAIL: _____ *****MANDATORY INFORMATION**

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 has not had a fever greater than 100.4 F or any known symptoms of COVID-19 in the past 14 days.
2. 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: _____

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GRADES 1-2 - \$100

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