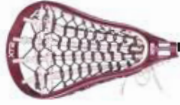


life's 2 short 4 just 1 sport™

2.4.1



SPORTS

www.241sports.com

DATES: March 13-16

TIMES: 4:00 - 6:00PM

REQUIRED: Stick, mouth-guard and goggles
Student-Athletes must provide their own
lacrosse equipment.

WHERE: Hall High School Turf

HOW MUCH: Cost for residents of West
Hartford is \$108.00/ non-residents \$118.00

REGISTER: Simply fill out the form on the
back of this flier and send to West Hartford
Leisure Services, Town Hall, 50 S Main St,
West Hartford, CT 06107 or fax to 860-561-
7519. You may also register online at [http://
www.westhartford.org/leisureservices/](http://www.westhartford.org/leisureservices/).

QUESTIONS: email Coach Boyle at
steve@241sports.com or
call 860-977-3750.

Pre-season Lax Clinic offered through West Hartford Leisure Services

WHO: Girls trying out for High
School Lax

WHAT: PreLax: A preseason
lacrosse tune-up clinic to get
ready for the High School season.
Directed by Frank Robinson
(Hall High varsity football coach
and former Head Boys Lacrosse
Coach) and Steve Boyle (Director
of 2-4-1 Sports and former Hall
High Girls Varsity coach), this
clinic will be an opportunity
to do skill-based stations and
game-play in anticipation of the
upcoming season.

Register online: using
program code 413900-A
at:
[www.westhartfordct.gov/
leisureservices](http://www.westhartfordct.gov/leisureservices)

Last name: _____

WEST HARTFORD LEISURE SERVICES REGISTRATION FORM
Please complete separate form for each participant

Primary Guardian (Please print)

Last Name: _____ First Name: _____

Street: _____ Town: _____ Zip: _____

Home Phone: _____ Work #: _____ Cell Phone #: _____

Primary # where office can reach you during program hours: _____

E-Mail Address: _____

Has child been prescribed an epi-pen? Yes No (If yes, an epi-pen form must be completed) _____

T-Shirt size (circle one) YM YL AdS AdM AdL AdXL

PARTICIPANTS FULL NAME: _____ BIRTH DATE: _____ M/F

Entering Grade: _____

PROGRAM #	TITLE	DATES	TIME	FEE
413900-A	Girls Pre-Season Lax Clinic	March 13-16	4:00 -6:00PM	resident\$108 non-resident\$118

PAYMENT TYPE: _____ CASH (IN PERSON ONLY) _____ CHECK (PAYABLE TO "TOWN OF WEST HARTFORD") TOTAL: _____

____ VISA ____ Master Card Card no.: _____ Expiration Date: _____

HEALTH AND INFORMATION

This section must be completed if required for your program

Does your child have any known allergies or have any known illnesses or physical limitations, etc. Please list and describe

List Medications: _____

Family Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone: _____

Emergency Contact (Person to call if unable to contact parent): Name/Relationship: _____

Home Phone: _____ Work/Cell _____

PLEASE READ EACH STATEMENT BELOW AND IF YOU UNDERSTAND AND AGREE TO EACH STATEMENT WRITE YOUR INITIALS IN THE SPACE NEXT TO THE PARAGRAPH TO SIGNIFY YOUR UNDERSTANDING AND AGREEMENT.

In the event my child needs emergency hospital or medical care while participating in this West Hartford Leisure Services Program and there is no time for me to be contacted and/or I cannot be reached, my hospital preference is: _____

_____ However, if circumstances are such that it is deemed necessary to admit elsewhere, permission is hereby granted.

_____ In the event my child needs emergency medical care while in this West Hartford Leisure Services Program, I hereby give permission for the hospital to give such emergency treatment as is considered necessary or desirable by medical judgment, including administration of anesthesia.

_____ In the event that my child needs to be transported by an ambulance, I give my permission for such transportation and

_____ I agree to assume all expenses incurred by said transportation.

_____ I agree to assume all medical expenses incurred by my child while participating in this West Hartford Leisure Services Program.

_____ I realize that as with any physical activity there is a possible risk of accidental injury to my child while participating in this West Hartford Leisure Services Program. I agree to assume the risk of any injury which my child might suffer while involved in the West Hartford Leisure Services Program and will not hold the Town of West Hartford or its instructors liable for any injuries which my child may suffer while participating in this West Hartford Leisure Services Program.

Signature of Parent or Guardian: _____ Date: _____