

Tuesday nights
 September 16th - October 21
 4th-6th grade - 5:30-6:45pm
 7th-8th grade - 5:30-6:45pm
 HS JV - 6:45-8:00pm
 HS V - 6:45-8:00pm



Cost: \$150.00
 Please make checks payable to:
 top of the bay sports

195 Ferring Court
 Abingdon, MD 21009

Lacrosse Academy

for Girls

Name: _____

Age: _____ School: _____ Program: _____ Club: _____

4th Grade	5th Grade	6th Grade	7th Grade	8th Grade	9th Grade	10th Grade	11th Grade	12th Grade
					JV / V	JV / V	JV / V	JV / V

Position(s): _____

Email Address: _____

Second Email Address: _____

Parents Phone Number: _____

Please check the group for which you are signing up:

- 4th-6th grade
- 7th-8th grade
- HS JV
- HS V

Parent/Guardian Release:

I hereby request that you accept the participant's application for enrollment in the Cedar Lane Lacrosse Academy/Top of the Bay, Inc. 2008. In consideration of your acceptance of this application, I hereby agree release and hold harmless Cedar Lane, Top of the Bay, Inc, its agents, employees, representatives or assigns from any and all claims resulting from any injury sustained by my child while traveling and participating in the camp. I further hereby give my permission to the coaches, training staff and other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness. Registration of your child in our program acts as consent to use any photos taken of your child while participating in camp in publications and/or advertisements.

 Parent/ Guardian Signature

 Date

Shirt Size: YM, YL, S, M, L, XL