

16th Annual

# Boys' Lacrosse Clinic

Saturday, Jan. 30, 2010  
9:00-11:00 a.m.



For Boys Ages 6-14  
& Coaches



Doors open 8:30 a.m.  
Check-in 8:30-9:00 a.m.  
  
Youth tickets: \$5  
Coach tickets: \$5

Featuring: Towson University  
Head Lacrosse Coach  
Tony Seaman



**Location:** Held at Towson University,  
Burdick Hall Gym, at the corner of  
Towsontown Blvd. & University Ave.  
(Free Parking in Lot # 9, behind Burdick)

**Boys:** Come and learn stick work, passing, shooting and goaltending! NO experience necessary!  
Instruction by Towson University team members! (Children should be accompanied by an adult.)  
Participants must wear athletic shoes and bring a lacrosse stick.

**Coaches:** Register for a clinic on team strategy and techniques, instructed by TU staff

Tickets may be purchased in person, or by mailing a check (payable to Reisterstown Recreation Council)  
with the Registration Form below to: **Northern Area Recreation Office; Hannah More Ctr., Rm. 202**  
**12035 Reisterstown Rd.; Reisterstown, MD 21136**  
Mailing deadline: Fri., Jan. 22, 2010. Walk-in ticket sales deadline: Wed., Jan 27, 2010. Order early, ticket  
quantity is limited. No tickets available at the door. In case of inclement weather, listen to WBAL 1090AM by 7:30  
a.m. for cancellation. No snow date. For more info: Contact Northern Area Office, 410-887-6957, TDD 410-887-  
5319, email northpc-rp@baltimorecountymd.gov

A girls' lacrosse clinic will be held on Sat. Feb. 13, 2010, at the Ravens Training Camp, 11:00-2:00 p.m.  
For more information on girls' clinic, contact the Northwest Area Rec. Office at 410-887-6747.



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**REGISTRATION FORM:** Youth Ticket \$5 \_\_\_\_ Coach Ticket \$5 \_\_\_\_ Enclose with a check payable to: Reisterstown Recreation Council  
Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Emergency Phone# \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Acknowledgement Waiver & Release of Liability:** I hereby confirm participant is in good health and able to participate in the activity. I acknowledge  
the activity may involve risk and danger of bodily injury or death. I fully accept and acknowledge the activities may in involve risk, and I hereby assume the risk  
and responsibility for all dangers and risks associated with the participant in the activity.

I acknowledge Baltimore County, Maryland, the recreation council, and their respective employees, directors, officers, volunteers, members and any other  
participant, entity, party or person involved in any regard with the activity or the activity premises and their respective agents, personal representatives, heirs,  
employees, contractors, successors and assigns (each on "activity representative" and collectively the "activity representatives"), shall not be responsible or liable in  
any regard or manner for any and all property damage or bodily injury (including serious physical injury or even death) incurred by participant or any party related  
thereto as a result of his/her participation in the activity.

I have read, fully understand, and hereby freely sign, approve of, and agree to the terms of this registration form. I hereby unconditionally release, discharge,  
covenant not to sue, waive my rights and remedies, and agree to hold harmless the activity representatives from any and all claims, costs, demands, losses,  
damages, or expenses associated with, in whole or in part, participant's involvement with the activity. I certify all answers and information provided on this  
registration form are to the best of my knowledge true and correct throughout the activity. I shall inform the recreation council in writing if any information  
provided in this registration form is incorrect or changes through the course of the activity. I understand Baltimore County and/or the recreation council do not  
perform criminal and/or background checks on activity representatives. I shall present a government-issued photo identification card including, but not limited to,  
my drivers license, passport, or United States Visa to the activity representative for review, if requested, at the time I submit this Registration Form to the  
recreation council.

Signature of \_\_\_\_\_ Print Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ of Signatory \_\_\_\_\_ to Participant \_\_\_\_\_