

SuperStix Girls Lacrosse Clinic

AGES 6-12

THURSDAYS: Sept 10 to Oct 15

Lacrosse is the fastest growing sport in the nation. Consistent training is the main aspect that helps to greatly accelerate learning and retention for young players. Skills developed are: agility and evasive running, ball handling, cradling, catching and shooting in a fun friendly environment. Team work and sportsmanship are fundamental to this program. Emphasis will be on safety and fun at all times, and physical contact is limited. Min8/

Max 30

Hidden Valley Sports Park

Resident: \$125.00

Non-resident: \$150.00

95896 4:30pm - 6:00pm

EQUIPMENT NEEDED: Mouth Guard, Lacrosse Goggles, Lacrosse Stick Cleats recommended. Some goggles and sticks available to borrow. Available at cost from SuperStix.



**Bellevue Parks &
Community Services**

REGISTER TODAY
MyParksandRecreation.com
425-452-6885

This information will be provided in alternate formats for individuals with disabilities upon request. We invite everyone's participation, please provide two weeks notice for special needs requests. Assistance for the Deaf and Hard of Hearing can be provided through the 711 Telecommunications Relay Service.

REGISTRATION

For more information please call 425-452-6885 • FAX: 425-452-2910

Mail completed form to: Bellevue Parks Registration ; PO Box 90012; Bellevue, WA 98009-9012 • Make checks payable to City of Bellevue
Scholarships available

Please Print

Adult Last Name _____ First _____ Date of Birth _____

Street Address _____ City _____ State _____ ZIP _____

E-Mail Address _____ Private Use Only

(____) (____) _____
Work Phone Home Phone

Participant's Name	Use Scholarship?*	Date of Birth	M/F	Class Number	Class Title	Fee	Alternate Class No.
	<input type="checkbox"/>					\$	
	<input type="checkbox"/>					\$	
	<input type="checkbox"/>					\$	
	<input type="checkbox"/>					\$	
	<input type="checkbox"/>					\$	

Donation \$ _____ Designated area: _____ (we will contact you for clarification if needed)

Payment Details *Payment due in full at time of registration*

Payment Method

Check D.D.D. (send to Highland)

Credit Card Total Fee: \$ _____

Card Number _____

Expiration Date _____




CAUTION! PLEASE READ CAREFULLY. WAIVER OF LIABILITY/RELEASE.

To the extent provided by law, in consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in City-sponsored activities, I assume all risks, including risk of injury or death, associated with my or my child(ren)'s use of said facilities and/or participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and release any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me or my child(ren) in connection with the use of City facilities or participation in City-sponsored activities. I acknowledge that I have carefully read this Waiver of Liability and fully understand that I am waiving any right that I may have to bring a legal action to assert a claim against the City of Bellevue for negligence.

PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video recordings taken of me or my child(ren) for publicity purposes during City of Bellevue activities even though we will not receive compensation of any kind for appearing in such photos or video recordings. I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability/Release and the Photo Release printed above. If you wish to waive the photo release, please contact the main office at 425-452-6885 or Parksweb@bellevuewa.gov.

Participant or Parent/Guardian Signature _____

Date _____

Printed Name: _____

Registration NOT VALID without signed waiver.

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