

## Town of Schroeppel Department of Community Services 69 Co. Rt. 57A, Phoenix, New York 13135 695-2801 FAX 695-3231

hknipp@townofschroeppel.com

Date Paid:		
Amount Pai	d:	_
Cash	Check#	_
Online Regi	istration	
Res	Non Res	
Late Fee		
Additional 1	Notes	

will be unable to run the program.

Please consider helping.

## 2024 FREE LACROSSE CLINIC REGISTRATION

July 1, July 2, & July 3 (Monday, Tuesday, Wednesday)

K-2: 9:00 am - 9:30 am \*Ran by Matt Amidon (EJD Science Teacher)

3-4: 9:45 am - 10:30 am mattamidon29@gmail.com

5-6: 10:45 am - 11:30 am (315) 751-1017

## ALL ARE WELCOME TO JOIN IN!

PLEASE PRINT			DATE OF BIRTH		
PLAYER'S NAME_		AGE AS OF June 25th			
ADDRESS	LAST	FIRST		GRADE	
CITY		ZIP			
	CELL#				
Do you live in the	Town of Schroeppel?	YESNC	)		
Please list any n	nedical conditions or c	other condition	ns of this playe	:r	
	s Name (please print) _				
Person to notify in	n emergency		Phone: _		
Relationship to pa	rticipant				
Doctor to notify in	emergency		Phone:		
Hospital Preference	ce, if any				
**CONSENT FO	OR MEDICAL TREATI	MENT OF A M	INOR**		
for my child to partion medical care prescri	cipate in the Community Se bed by a licensed Doctor of	ervices Youth Trac f Medicine for (chi	k & Field Program. ild's name)	urred in this program. I give permission I hereby give my consent for all as his/her ecessary to the life, limb, or well-being	
Date:	Signed:				
I give my permissior	n for my child to be photog	raphed for publici	ty purposes.	Parental/Adult Support	
Date:	Signed:			Yes, I will help.	
				Name	
				If we do not get enough volunteers, we	