



# Winter Lacrosse League



Redding Park and Recreation and Relax Youth Lacrosse are pleased to announce a brand new indoor lacrosse opportunity. The Redding Park and Recreation Department will be hosting a winter 4vs4 league in the Community Center gym. Boys in grades 3-8 are welcome. You must have some type of lacrosse experience. Our indoor league will consist of three divisions by grade:

- 3<sup>rd</sup> - 4<sup>th</sup> grade                      Activity # 173
- 5<sup>th</sup> - 6<sup>th</sup> grade                        Activity # 175
- 7<sup>th</sup> - 8<sup>th</sup> grade                        Activity # 177

This league gives players the opportunity to maximize there touches and create a high scoring environment. Each game will be 30 minutes long. The league will be directed by Joel Barlow Head Coach Jason Saunders. You can contact him with any questions or concerns at [joelbarlowlacrosse@gmail.com](mailto:joelbarlowlacrosse@gmail.com).

**Each player must supply their own equipment including, stick, helmet, shoulder and elbow pads, gloves and a mouth guard.**

**Who:            Boys in grades 3-8**  
**When:        Sundays, January 17th through March 14th**  
**Time:        between 7:00-9:00PM**  
**Where:      RCC gym**  
**Fee:         \$60.00**

**Registration Deadline is 12/31/09**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ Parents Work #'s \_\_\_\_\_ Email \_\_\_\_\_

I understand The Redding Park and Recreation Department has no accident insurance and that costs incurred due to injury are my responsibility. I release and hold the town harmless for any injuries incurred in this activity. I understand photos may be used by the department unless I notify them in writing. Once the teams are created no refunds will be given.

Signature of Parents or Guardian \_\_\_\_\_

**ANY SPECIAL CIRCUMSTANCES OR CONCERNS MUST BE BROUGHT TO THE ATTENTION OF THE LEAGUE DIRECTOR JASON SAUNDERS PRIOR TO JANUARY 17<sup>TH</sup>, 2010.**

I authorized the use of this credit card for the above payments.                      (Circle one)            MasterCard            Visa

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Mail form to: Redding Park & Recreation Dept. - PO Box 1071 - Redding, CT 06875  
or fax with credit card information to 938-1071