



Pomfret Recreation Sponsors
Winter Lacrosse
Warm Ups for
High School Girls



Location: Pomfret Community School Gym

Friday evenings 7:00 to 8:30 pm

February 6 and 27

March 6, 13 and 20

Program does not meet on 2/13 or 2/20/15

\$5.00 per person

**Instructor:
Mr. Jeff Canniff**

STAY IN LACROSSE SHAPE! Don't let your game diminish—Here's a chance to warm up your skills before the season starts in the spring. Bring any equipment that you have. There will be limited equipment available to borrow each week.

You'll be practicing drills, working out and scrimmaging—bring your friends and pretend it's spring time!

If there is bad weather, you can call Jeff Canniff at 860-942-3423

NOTE: IF SCHOOL IS CANCELED, THE PROGRAM IS ALSO CANCELED FOR THAT NIGHT

-All participants must remain in the Gym or foyer during this program—

Winter Lacrosse Warm up for High School Girls. 2/6– 3/20/15. Mail your registration form to: Pomfret Recreation Dept., 5 Haven Road, Pomfret Center, CT 06259. Questions: 860-974-1423 or email B.Gagnon@pomfretct.gov

Name: _____ Age: _____ Grade: _____

Complete Address (including town): _____

Phone # _____ Cell # _____ Email: _____

Emergency Phone # _____ This persons name and relationship to you: _____

Amount Due: \$5.00 per person Check # _____ or paid in cash _____

Please Note: I understand and will explain to my child that there are certain risks in participating in the this High School Girls Lacrosse program and I am willing to assume these risks for my child. I further understand that the Town of Pomfret does not provide medical insurance for recreation program participants. I hereby waive and release the Town of Pomfret and all other participants, sponsors, coaches or any others involved from all claims and or damage incurred with the program. My daughter also understand that she must stay either in the gym or PCS foyer during this program. Wandering is not allowed.

Signature of participants IF she is 18 or older, IF under 18, signature of Parent or guardian is needed.

Name _____ Relationship to Participant _____

Date: _____