



YOUTH LACROSSE ACADEMY

Beginner & Intermediate Skill Development for Elementary & Middle School Students.



SUMMER SESSION

(7) SESSIONS: 5:30 to 7 pm

6/3, 6/5, 6/10, 6/12, 6/17, 6/19, 6/24

\$65

Player Name: _____ DOB: _____

Male _____ Female _____ School _____ Grade _____

Parent(s): _____ Email: _____

Address: _____

Cell(s) : _____

Checks payable to Carolina Crush Lacrosse, mail registration forms to:
Sandy Barnett 10926 Redgrave Lane, Mint Hill NC 28227

www.carolinacrushlacrosse.com

carolinacrushlacrosse@gmail.com

Please note that cancellations due to weather or field conditions will be communicated in a timely manner, and every attempt will be made to substitute additional dates. No full or partial refunds. This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

(Parent/Guardian Signature) DATE SIGNED: _____

Practice Field: 6335 Wilson Grove Rd, Charlotte NC

Follow Us on Facebook & Instagram!