



LACROSSE LEARN & PLAY

\$100 MEMBERS
\$125 NON-MEMBERS

TUESDAY NIGHTS 6-7 PM
BOYS/GIRLS K-8TH GRADE
SEPTEMBER 18 – OCTOBER 23, 2018

PROGRAM COACHING PROVIDED BY OZARK MOUNTAIN LACROSSE
SIGN UP AT THE FAYETTEVILLE ATHLETIC CLUB

STICKS ONLY INCLUDES

30 MINUTES FUNDAMENTAL TRAINING
30 MINUTES OF SMALL SIDED GAME PLAY
WE SUPPLY THE EQUIPMENT

QUESTIONS? CALL 479-587-0500 EXT 254
EMAIL SPORTS@FAYAC.COM
2920 EAST ZION RD, FAYETTEVILLE, AR 72703





LACROSSE LEARN AND PLAY

REGISTRATION FORM

SESSION DATES: SEP 18 - OCT 23, 2018



TIME: 6:00 - 7:00 PM

LOCATION: KIDS FACTORY GYM

PARTICIPANT NAME:	DATE OF BIRTH:	AGE:	FAC MEMBER? CIRCLE ONE YES NO
PARTICIPANT NAME:	DATE OF BIRTH:	AGE:	FAC MEMBER? CIRCLE ONE YES NO
STREET ADDRESS	CITY	STATE	ZIP CODE
MOTHER'S NAME	CELL PHONE:	EMAIL:	
FATHER'S NAME:	CELL PHONE:	EMAIL:	
EMERGENCY CONTACT:	CELL PHONE:	EMAIL:	
NAME ON CREDIT CARD		EXPIRATION DATE	3/4 DIGIT CODE
CREDIT CARD NUMBER:		CARD TYPE: (circle one) VISA MC AMEX DISCOVER	
ALTERNATIVE FORMS OF PAYMENT (CIRCLE ONE)	CREDIT CARD ON FILE	CASH	CHECK #

I agree to assume full risk and release all claims I and/or the participants may have against the Fayetteville Athletic Club (FAC), The Kids Club Fit Fun FACTory including it's agents, servants and employees, from such claims resulting from injury, damages or loss sustained during participation in any FAC program or event. I understand that I am responsible for all personal medical insurance and the participant's family must cover any cost incurred. I also understand that every precaution is taken to protect the safety of all participants. I agree to any emergency treatment by a physician or hospital in the event that the emergency contact listed above can not be reached.

Signature of Parent or Guardian:	Parent/Guardian printed name:	Date
----------------------------------	-------------------------------	------