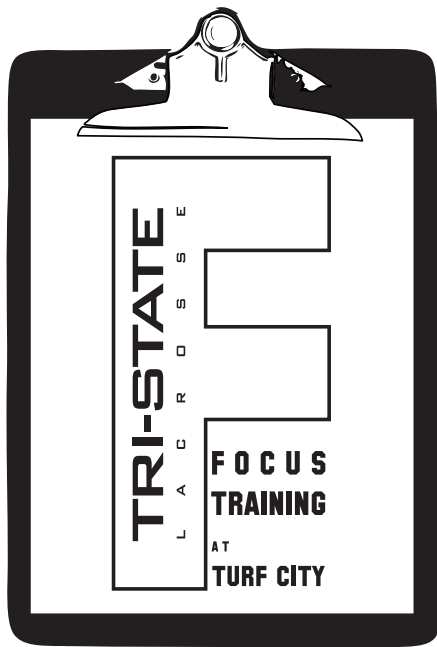


# TRAINING WITH



## \$225 Full Series or \$50 Per Session | FOCUS SERIES

5-Week program that brings FOCUS to your training. Players learn key components to the game. Drills will develop a strong fundamental base and combine it with game play scenarios. The end result is a better player with a higher "lacrosse IQ".

**Series 1:** 10|05, 10|12, 10|19, 10|26, 11|02

**Series 2:** 11|09, 11|16, 11|30, 12|07, 12|14

**Series 3:** 01|04, 01|11, 01|18, 01|25, 02|01

**Series 4:** 02|08, 02|15, 02|22, 02|29, 03|07

4 - 5 pm | Wednesdays | Boys' 4 - 6th Grade

5 - 6 pm | Wednesdays | Boys' 7 - 8th Grade

## \$50 Per Session | GOALIE POSITIONAL TRAINING

Specified training for goalies only. Become skilled in technique, communication and game management.

10|5, 10|12, 10|19, 10|26, 11|2, 11|9, 11|16, 11|30, 12|7, 12|14, 01|4, 01|11, 01|18, 01|25, 02|1, 02|8, 02|15, 02|22

5 - 6 pm | Wednesdays | All Ages

PRESENTED BY **TRI-STATE**  
L A C R O S S E

**fo-cus (n.):**

a center of activity, attraction or attention;  
close or narrow attention; concentration

### TRI-STATE LACROSSE BOYS FOCUS TRAINING APPLICATION

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ School/Rec Team: \_\_\_\_\_ Pos: \_\_\_\_\_  
Health Insurance Carrier: \_\_\_\_\_ Insurance No: \_\_\_\_\_ US Lacrosse # (MANDATORY): \_\_\_\_\_

Please Check the Boxes for the Appropriate Session Below:

TRAINING GROUP	PACKAGED SERIES	PAY BY SESSION	INDIVIDUAL DATES
<input type="checkbox"/> BEGINNER	<input type="checkbox"/> SERIES 1 <input type="checkbox"/> SERIES 3	<input type="checkbox"/> Single Session	_____
<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> SERIES 2 <input type="checkbox"/> SERIES 4	<input type="checkbox"/> Goalie Pos. Training	_____
<input type="checkbox"/> ADVANCED			_____

Please make checks payable to: **TRI-STATE LACROSSE**

Mail Application and Payment to: **TRI-STATE LACROSSE • 1235 ROUTE 23 • WAYNE, NJ 07470**

Refund Policy: **NO REFUNDS FOR ANY REASON.** Credit towards other Tri-State Lacrosse programs will be handled on a case-by-case basis when an injury is involved.

#### AMATEUR ATHLETIC MINOR WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Tri-State athletics/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participation he or she should inspect the facilities and equipment to be used, and if the participant believes anything unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not sue TRI-STATE LACROSSE, its affiliated clubs, their respective administrators, directors, agents, coaches, and other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or her heirs and the next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.
5. I give consent to have pictures, video footage or other similar media taken of the participant and agree that such media is the property of Tri-State Lacrosse and may be used to their discretion as needed.
6. I agree to the refund policy.

I/WE HAVE READ THE ABOVE WAIVER, RELEASE AND REFUND POLICY AND I/WE UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS.

PARENT OR GUARDIAN (SIGNATURE/RELATIONSHIP)

DATE

PRINTED NAME OF PARENT OR GUARDIAN

TRI-STATE LACROSSE IS A DIVISION OF TRILAX, INC.

PRINTED NAME OF PARTICIPANT