

2012 St. John's 6th-8th Grade Girl's Lacrosse Information

- Practice will begin on Monday, March 12th
- Practices will take place on Mondays and Wednesdays from 3:15 - 4:30
- Games may occur any day of the week Monday through Friday
- Equipment needed: All players must provide their own cleats, goggles, sticks and mouth guards. Students should have indoor shoes available for all practices.
- Uniforms will be provided. Uniforms must be returned at the conclusion of the season. Students will be billed for any unreturned or damaged uniforms.
- Typically, practices will be held indoors in the case of inclement weather. As decisions are made regarding practices and games, a message will be left on the sports hotline 301-774-6804 x 185.
- Please regularly check the St. John's web site for game changes.
- Approximate pick up times and class dismissal times will be announced in advance
- Changes may occur for reasons other than weather.
- To register, please complete the attached form and return with a check for \$ 85 to the Physical Education Office or to the front office prior to February 24, 2012.
- Any questions, please contact Kim Hutcherson at kim.hutcherson@stjes.com or 301-774-6804 x 196

Tentative Schedule (subject to change)

Date	Opponent	Site	Time
Thurs., March 22	Sandy Spring	Away	3:15
Wed., March 28	Brookewood	Home	3:15
Wed., April 18	Norwood	Home	3:15
Mon., April 23	Bullis	Away	2:45
Thurs., April 26	Holy Child	Home	3:00
Mon., April 30	Holton	Away	2:45
Wed., May 2	Barnesville	Home	3:00
Tues., May 8	Sandy Spring	Home	3:15

**GIRL'S LACROSSE Grades 6/7/8
REGISTRATION FORM**

I/We, the parents of the undernoted student, hereby give my/our approval for his/her participation in any and all St. John's activities. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities. I/We hereby waive, release, absolve, indemnify, and agree to hold harmless St. John's Episcopal School, its organizers, sponsors, participants and persons transporting my/our son/daughter to or from activities, for any claim out of injury to my/our son/daughter. I/We assume responsibility for the administration of all medications to my/our son/daughter during these activities. It is the responsibility of the parent to discuss medical conditions and provide medications and administration procedures with your child's coach. Medications maintained in the health room at St. John's Episcopal School are for use during the school day and are not available for use in after school activities.

Parent/Guardian signature: _____

Please print:

Parent 1 name: _____ Phone: _____

Parent 2 name: _____ Phone: _____

Player Name: _____

Grade: _____ Sport: _____

Please list any allergies or medical conditions the staff may need to know in case of an emergency:

There are occasions when we need help transporting athletes to events. If you may be available, please indicate below.

Yes _____ No _____

A check for \$85 should be made out to "St. John's Athletics" and returned with the registration form to the PE Office or front office by February 24th

**No acknowledgement letters will be issued.
Your canceled check is receipt of your form/s.**

Total enclosed = _____

Questions, please call Kim Hutcherson at 301-774-6804 x 196 or e-mail kim.hutcherson@stjes.com