



Grand Haven Area Public Schools
 1415 Beechtree St., Grand Haven, MI 49417
 Phone: 616.850.5125 Fax: 616.850.5127
 nora.ghaps.org

2019 7th & 8th Grade Girls Lacrosse Team



SEASON BEGINS: March 25, 2019
Mondays-Thursdays 4:15pm-5:45pm
White Pines Intermediate School Stadium Field
FEE: \$185(includes practice shirt)
EQUIPMENT NEEDED: Lacrosse Stick, Colored Mouth Guard & Goggles.

Registration Deadline is Monday, March 18, 2019. NO REGISTRATIONS TAKEN AFTER 3/18/19

Financial Assistance available through the Chris Christiansen Youth Scholarship Fund. Donations are always accepted and appreciated.

✂

Middle School Girls Lacrosse League #8888

✂ **Fee: \$185**

*Resident= Lives in GHAPS District Boundaries: GH City, GH Twp., City of Ferrysburg, or Robinson Twp.
 Registration Deadline: Monday, March 18, 2019 (No late enrollment.)*

Player Name _____ Birth Date ____/____/____ Grade _____
PRACTICE SHIRT SIZE - Adult: Small Medium Large X-Large
 Optional Team Hoodie: \$32.00 (#8888H) pd \$ _____ Size - Adult: Small Medium Large X-Large
 Parent Name _____ **VOLUNTEERING PARENT** Email _____
 Phone (Primary) _____ (Secondary) _____
 Address _____ City _____ Zip: _____

PLEASE CHECK APPROPRIATE RESIDENCE BOX ✓
 GH City GH Twp City Fbg Rob Twp Port Shldn Twp GHAPS (other) SL (GH Schools) SL Twp(NR) SL Village(NR) Other (NR)

SPONSORS NEEDED – \$175 includes sponsor’s logo on t-shirts for the girls to keep. (#8888S)

Sponsor Name _____


Contact Name _____ **Phone** _____

Address _____ **City** _____ **Zip** _____

WAIVER & CONSENT TO PARTICIPATE:
 I, the below signed parent, enrolling in the Northwest Ottawa Recreation Authority League, understands that my child involved, plays at her own risk. NORA and league sponsors shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and her family in or about the premises. Participants assume full responsibility for all injuries and damages which may occur in or about the facility and she does hereby fully and forever release, discharge and hold harmless NORA, all facilities, and its agents and Association sponsors, from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person’s participation in the program or its facilities.

CONSENT: I hereby grant authority to the Association to render judgment concerning medical assistance or hospital care in the event of an accident or illness.
 Signature _____ Date _____

PAYMENT MUST ACCOMPANY REGISTRATION TO BE PROCESSED.
Make checks payable to NORA or
Northwest Ottawa Recreation Authority
Register at the Recreation Office, 1415 Beechtree St.,
Grand Haven, MI 49417
Mail in, drop box, walk in, call 850-5125 or
online at nora.ghaps.org
Visa/MasterCard accepted.
Become a fan or friend on FACEBOOK!



Refund Policy:

1. A full refund will be issued if NORA cancels a class.
2. A full refund less a \$5 processing fee will be issued if participant cancels at least 48 hours prior to the start of class.
3. If cancellation is less than 48 hours of class beginning, a voucher for value of class will be issued less the \$5 processing fee. **VOUCHER CAN BE USED TOWARD ANY NORA CLASS, JUST LIKE CASH, BUT MUST BE USED WITHIN ONE YEAR.**
4. NO REFUND will be issued if canceling on day of class.
5. NO REFUND will be issued after class starts regardless of attendance.
6. A \$15.00 fee will be charged for all returned checks.

1/6/10