

LaxStarz Academy presents COMEBACK LAX PROGRAM

"Coach Mezz, My son is a junior at Fallston High School. After not making the cut his freshman year, he trained with you last year and made the JV team. There is little doubt in my mind that it was the time he spent with you that made the difference."

-E.H., Parent of LaxStarz Academy Athlete

DON'T GIVE UP ON YOUR GOALS

For INELIGIBLE 9th-11th grade lax players AND players who DID NOT MAKE high school rosters, who want to continue working on their skills.

March 19 - April 25

Tues, Wed & Thurs (18 sessions)

5:00-7:00pm

(Indoor & Outdoor Facility)

at The Arena Club

2304 Churchville Road

Bel Air, MD 21015

Members

\$289

\$144.50 (2 payments)

\$96.33 (3 payments)

Non-Members

\$325

\$162.50 (2 payments)

\$108.33 (3 payments)

Contact Chris Fielder
to register

410-734-7300

Coach Mezzanotte & Staff will cover the following skills:

- Stick Handling
- Dodging
- Feeding & Cutting
- Off-Ball Movement
- Speed & Strength
- Scooping
- Defensive Stance & Checking
- Shooting
- Throwing & Catching
- Transition Drills
- Quickness & Agility



Name _____ DOB _____
Grade _____ High School _____
Parent's Names (if participant is under the age of 18)

Address _____
City _____ State _____ Zip _____
Home Phone # _____ Cell Phone # _____
Email Address _____

HEALTH INFORMATION: ARE THERE ANY SPECIAL NEEDS, MEDICAL CONDITIONS, OR BEHAVIORAL CONDITIONS THAT WE NEED TO BE AWARE OF TO ENSURE YOUR SAFETY? CHECK ANY THAT APPLY AND GIVE MORE INFORMATION, PLEASE.

_____ GOOD GENERAL HEALTH	_____ SEIZURE
_____ ALLERGY, FOOD OR OTHER	_____ ASTHMA
_____ BEHAVIORAL ISSUE	_____ DIABETES
_____ MENTAL HEALTH CONDITION	_____ PRESCRIPTION MEDICATION
_____ OTHER CHRONIC HEALTH CONDITION	_____ OTHER MEDICATION

EXPLANATION: _____

I have read and answered to the best of my knowledge, the above questionnaire. I agree that all exercise and activities (including, but limited to exercise classes, cardio, strength equipment, pools, field activities) here at the club shall be undertaken by me at my sole risk. I release Harford Health & Fitness Club, Inc., its officers, directors, employees and shareholders, from any claim for any injury to me personally, damage to my personal property, or theft thereof, while I am at the Harford Health & Fitness Club, including claims arising from negligence of Harford Health & Fitness Club employees and agents. I understand that I must be a current member in good standing at the time of service to receive member discount. All images taken can be used in all or any future marketing.

PARENTS SIGNATURE _____ DATE _____
(parent signature required if participant is below the age of 18)

PAYMENT INFORMATION:

TYPE OF PAYMENT _____ TOTAL AMOUNT _____ DATE PAID _____
CREDIT CARD TYPE _____ # _____ EXP _____