

**THE ARENA CLUB  
LAX STARZ ACADEMY**

**August 9  
10am - 12pm**

at

**The Arena Club  
for all ages**



2304 Churchville Rd, Bel Air, MD 21015

Phone 410-734-7300

presents

# FREE Lacrosse Clinic

**Instruction Conducted by** Professional Players, College Coaches & Players,  
Local High School Coaches & Players, and Sports Performance Coaches.

## FOCUS ON LAX SKILLS & FUN!

### TRUE SPORTS PERFORMANCE TRAINING



#### **CLINIC DIRECTOR: FRANK MEZZANOTTE**

Former Harford Community College Coach  
Former Edgewood High School Coach  
(State Champs '83, '84 and '89)  
Co-Director Harford Lacrosse Camp  
All-American defenseman at Towson U.  
Towson University Athletic Hall of Fame



## FREE GIVEAWAYS!



# Program Registration Form



NAME OF PROGRAM: \_\_\_\_\_

DAY(S) OF PROGRAM: \_\_\_\_\_

DATE(S) OF PROGRAM: \_\_\_\_\_

PARTICIPANT'S NAME: \_\_\_\_\_

MEMBER: Y N

AGE: \_\_\_\_\_

DOB: / /

GENDER: Male Female

PARENT NAME (if participant is under 18): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

HOME #: \_\_\_\_\_

CELL #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

CELL # \_\_\_\_\_

**HEALTH INFORMATION:** Please list any special needs, medical or behavioral conditions, or medications that we need to be aware of to ensure your child's safety (allergies, asthma, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**RELEASE:** I have read and answered to the best of my knowledge, the above questionnaire. I agree that all exercise and activities (including, but not limited to exercise classes, cardio, strength equipment, pools, field activities) 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 or agents. I understand that I must be a current member in good standing at the time of service to receive member discount. I understand that all images (photographic and video) taken can be used in future marketing.

*Signature / Parent or Legal Guardian must sign if participant is under 18*

Date \_\_\_\_\_

## PAYMENT INFORMATION:

TYPE OF PAYMENT:  CHECK  CASH  CREDIT CARD (Visa & MC accepted)

VISA / MC # \_\_\_\_\_

EXP: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_

DATE PAID: \_\_\_\_\_

Staple Receipt Here  
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