

## 360 Sports Performance Institutes Presents

# LAX911

**Boys & Girls Lacrosse for Players Ages 4-7.**

**LAX911 is perfect for the beginner  
or clinic lacrosse player.**

### **LAX911 is a clinic that:**

- Teaches future student athletes the basic fundamentals of lacrosse;
- Works through various drills in small groups;
- Focuses on interactive, non-competitive instruction; and
- Practices body awareness and basic coordination.

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### **FOUR 90-MINUTE SESSIONS**

Members: \$100  
Non-Members: \$130

### **SUNDAYS, 12-1:30 PM**

• May 18 • June 8  
• June 1 • June 15

**Ratio: 1-10 players per coach**

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### **Sessions conducted by:**

**Frank Mezzanotte:** Former Harford Community College Head Coach, Former Edgewood High School Head Coach, Co-Director of Harford Lacrosse Camp, All-American Defenseman at Towson University, Towson University Athletic Hall of Fame, Maryland Scholastic Lacrosse Coaches Hall Of Fame

**Megan Young:** John Carroll School Lacrosse Player, University of Richmond (D1) Lacrosse Player, Former Coach at John Carroll School

**Bill Ackerman:** Sports Performance Coordinator, 360 Sports Performance Institute

**Rob Bailly:** MEd Physical Education, Springfield College; NSCAA National Diploma Soccer; Coaching Youth to Collegiate since 1974-Soccer, Lacrosse, Wrestling; NSPA Certified Personal Trainer; AED/CPR Certified

**Nick Mezzanotte:** North Harford High School and Queens University Lacrosse Player

**Dean Thrasher:** North Harford High School and Salisbury University Lacrosse Player, Current Coach at Patterson Mill High School





# 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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