



# BRIDGE *Lacrosse* PLAY DAY

*Temple University Geasey Field*

TU Pavilion

15<sup>th</sup> & Norris Streets

**Saturday June 17<sup>th</sup>**

9:00am to 3:00pm

**FREE!! FUN!!**



Girls Grades 3<sup>rd</sup> - 8<sup>th</sup> are invited. Registration from 9:00am - 9:45am

\*\*\*\*\* **DON'T FORGET YOUR SNEAKERS AND GYM CLOTHES!!!**\*\*\*\*\*

Breakfast Snacks, Lunch & Beverages Provided

**Registration Required!**

*You may email, postal mail or fax signed registration forms to BWSF:*

**Email** to Tina Sloan Green, BWSF Lacrosse Chair, [tinabwsf@temple.edu](mailto:tinabwsf@temple.edu)

**Mail** to: BWSF, Care of: Tina Sloan Green, BWSF Lacrosse Chair

4300 Monument Road

(Campus of Methodist Services)

Philadelphia, PA 19131

**Fax** to BWSF, ATTN: Tina Sloan Green, BWSF Lacrosse Chair, 215-877-1942

**Questions? Contact the BWSF Office at 215-877-1925 ext. 320**

Black Women in Sport Foundation\* 4300 Monument Road, Philadelphia, PA 19131

\* Ph: 215-877-1925 Ext. 320 \*Fax: 215-877-1942\*

[www.blackwomeninsport.org](http://www.blackwomeninsport.org)



### PARENT/GUARDIAN PERMISSION SLIP

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School Name/OST Site/Program: \_\_\_\_\_

Address/Apt./City/State/Zip: \_\_\_\_\_

T-shirt Size (circle one) Youth: S M L      Adult: S M L XL

I, \_\_\_\_\_(print name) give permission for my child, \_\_\_\_\_(print name) to attend and participate in the **Black Women in Sport Foundation** BRIDGE Girls Lacrosse Clinic & Play Day on Saturday, June 17, 2017. The event will take place at Temple University's Geasey Field & Pavilion, 15<sup>th</sup> & Norris Streets, from 9:00 AM to 3:00 PM.

I, \_\_\_\_\_(print name) also grant permission to **Black Women in Sport Foundation (BWSF)** to photograph or video record my child's, \_\_\_\_\_(print name) image or likeness at the event listed above and use these images or recordings. Such use includes the display, distribution, publication, transmission, internet posting or otherwise use of photos, video or stills taken from video for use in materials that include, but may not be limited to, brochures, newsletters and digital images such as those on the BWSF website and social media pages.

**TO INDICATE PARENTAL CONSENT PLEASE INITIAL IN BOX FOR EACH REQUIRED ITEM BELOW**

Obtaining Emergency Medical Care

Admin. Of Minor First Aid Procedures

Parent/Guardian Signature \_\_\_\_\_ Phone: \_\_\_\_\_

Print Full Name \_\_\_\_\_

Date \_\_\_\_\_