



Del Val Junior lacrosse  
PRESENTS...Del Val Day



**8:30** ..... Registration for all coaches attending S.A.F.E.T.Y clinic  
**9 to 12 Noon**.... Rutgers S.A.F.E.T.Y. Clinic. (Free for Chargers Coaches, \$25 for all others). DVRHS Auditorium.



**11:30**..... Registration, Drop off, and waiver-sign for all children attending clinic and/or Fun Run (forms can be obtained from your coach, Del Val Lax web site or any board member)

**11:45 to 1:30 pm**.....Players Clinic, Open to all Charger Players, 2<sup>nd</sup> grade thru 8<sup>th</sup> grade

**12.40 pm to 12:50 pm**...Snack break. Granola bars will be provided for all participants. Please bring your own water bottles marked clearly with your name. (Don't forget to eat a healthy breakfast for loads of energy.)



**12:15 to 1:30pm**..... Concussion seminar – Open to Entire community – Presented by Dr. Rosemarie Moser of the Sports Concussion Center of NJ and Diane Pona, Athletic Trainer at DVRHS . DVRHS Auditorium.



**1:35 – 1:45**..... Parents and other fun run participants check in and register if not done previously. All children participating in Clinic will be chaparoned to the start of the Fun Run by their instructors.

**1:45 to 2:15**..... 3K Fun Run. Run it, walk it, crawl it...c'mon out and just do it! (Weather permitting)



**2:15** ..... **Stick Raise and Ice cream Finale**



**2:30**..... Chargers Candy-Money Turn-In and Uniform Hand out. (No uniform handout for 7<sup>th</sup> and 8<sup>th</sup> grade girls. New uniforms coming shortly)

**Pick-up will be immediately after uniform hand-out.**

Participants name \_\_\_\_\_  
clinic -yes/no fun run-yes/no gender-male/female  
Grade \_\_\_\_ lax years played \_\_\_\_\_ age \_\_\_\_\_

Participants name \_\_\_\_\_  
clinic -yes/no fun run-yes/no gender-male/female  
Grade \_\_\_\_ lax years played \_\_\_\_\_ age \_\_\_\_\_

Participants name \_\_\_\_\_  
clinic -yes/no fun run-yes/no gender-male/female  
Grade \_\_\_\_ lax years played \_\_\_\_\_ age \_\_\_\_\_

Participants name \_\_\_\_\_  
clinic -yes/no fun run-yes/no gender-male/female  
Grade \_\_\_\_ lax years played \_\_\_\_\_ age \_\_\_\_\_

parent/Guardian name \_\_\_\_\_  
home phone \_\_\_\_\_  
emergency cell number \_\_\_\_\_  
e-mail \_\_\_\_\_

with my signature below:

\*I authorize the DVRHS Staff to provide medical treatment for my child if necessary.

\*I verify that my child may participate in the DVRHS lacrosse clinics and/or the fun run, and that my authorization does not conflict with any medical advise or concerns expressed by my child's physician.

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parent/guardian signature Participants