

ISLAND PARK SCHOOL DISTRICT
DEPARTMENT OF RECREATION
150 TRAFALGAR BLVD.
ISLAND PARK, NEW YORK 11558
TEL: 516-434-2605
2019 WINTER YOUTH PROGRAM

ISLAND PARK RECREATION

LACROSSE CLINIC



Grades 2, 3, 4, 5 & 6
THURSDAYS
7:00 pm - 8:00 pm



Lincoln Orens Middle School

This program will introduce the game of lacrosse and teach beginners the basic skills while providing a comfortable atmosphere for each child. Players will develop offensive and defensive concepts of the game.

2019 Winter Dates:

January 17, 31

February 7, 14, 28

March 14, 21, 28



Fee:

Resident: \$75/8 sessions

Non-Resident: \$95/8 sessions

2019 WINTER LACROSSE PROGRAM for GRADES 2, 3, 4, 5 & 6 REGISTRATION FORM
Mail to the above address or drop off form and payment to security aide at LOMS front entrance.
Registrations must be received at least one week prior to the start of the program.

Checks payable to the Island Park Recreation Department.

If paying cash, please have the exact amount. The office cannot provide change.

MasterCard and Visa credit cards are also accepted by phone or in person by appointment only.

Once program begins, there are no refunds. Any questions, call the Rec office at 434-2605

My child (print name) _____ has my permission to participate in the 2019 Winter Lacrosse Program for Grades 2, 3, 4, 5 & 6 offered by the IPSD Department of Recreation.

Address: _____ Town/Zip: _____ Grade: _____

Signature of parent/guardian: _____ Cell Number: _____

Your completed form confirms your registration and appointments to attend. The district's visitor policy is always enforced. Please read it on the district's web site, www.ips.k12.ny.us (see Quick Links). All visitors must have official photo identification to enter the building.

FOR RECREATION STAFF ONLY

FEE PAID: _____ CASH: _____ CREDIT CARD: _____ CHECK NUMBER: _____ RECEIPT NUMBER: _____