

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 YOUTH SOCCER CLINIC



Kindergarten through Grade 4

Mondays

6:00 p.m. – 7:00 p.m.

Lincoln Orens Middle School



This drop-off and non-competitive program is an introduction to the popular game of soccer. Basic skills will be taught. The gym will be split up by grade level.

CLEATS ARE NOT ALLOWED.

2019 Winter Dates:

January 14, 28

February 4, 11, 25

March 4, 11, 18



Fee:

Resident: \$75/8 sessions

Non-Resident: \$95/8 sessions

2019 WINTER YOUTH SOCCER CLINIC for GRADES K - 4 REGISTRATION FORM

Please mail to the above address or drop off form and payment to security aide at LOMS front entrance.

Checks are payable to the Island Park Recreation Department.

Registrations must be received at least one week prior to the start of the program.

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

MasterCard & 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 Soccer Clinic for Grades K-4 offered by the Island Park School District 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:

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