



BOYS & GIRLS LACROSSE CAMPS

Open to all ages and skill levels!

The Hastings Recreation is proud to announce that the lacrosse clinics will be run by **Gargoyle Athletics**, which has a staff of top quality lacrosse coaches and players.

Learn more about Gargoyle Athletics at www.gargoyleathletics.net

Please circle the week/s you plan on attending:

Week 1: July 24th – 27th 2017 (4 Day)

Week 2: July 31st – August 3rd 2017 (4 Day)

LOCATION: ZINNSER PARK (Edgers & Broadway)

Full Day: 9:00am to 3:00pm

Hastings Residents: \$350 per week or \$90 per day

Non Residents: \$375 per week or \$95 per day

2 Week Special: \$ 650 (Resident) \$700 (Non Residents)

Needed: Lacrosse Stick, Equipment, Bathing Suit & Towel

Full Day Camp includes swimming! Bring your own lunch or money to buy food.

DISCOUNTS: \$25 off for siblings , Hastings or Gargoyle Athletics travel team player

To register: online at www.gargoyleathletics.net

or call Lisa O'Reilly at 478-2380 or via email at loreilly@hastingsgov.org

Questions: Email wendolworldwide@optonline.net Walk-ins are accepted!

Make Checks Payable to: WWA or cash.

Mail to: Village of Hastings Recreation Department, 44 Main Street, Hastings-on-Hudson, NY 10706

Lacrosse August 2017

WEEK/S: _____

Name: _____

Grade: _____

Address: _____

Phone #: _____

E-Mail: _____

Parent/Guardian Name: _____

Emergency Contact (other than Parent/Guardian):

Name: _____

Phone #: _____

In consideration of accepting this registration form, I, the undersigned, for myself, my executors, administrators and assignees, do hereby discharge Hastings Recreation Dept., Gargoyle Athletics, WWA, INC., and any and all sponsors, organizers and their representatives and successors from all claims of damages, actions, and causes of action whatsoever, in any manner arising or growing out of my child/s/ward's participation in said program. I further attest that my child/ward is physically qualified to participate in the program.

Parent/Guardian Signature: _____

Date: _____