

The Village of Hastings-on-Hudson Recreation Department



2024 BOYS & GIRLS LACROSSE CAMPS

Open to all ages and skill levels!

These lacrosse camps have been running by Gargoyle Athletics since 2006. Their top-quality staff are NYS Certified PE Teachers, who hold current First Aid/CPR Certification and have over 100+ combined years lacrosse playing and coaching experience!

Learn more about Gargoyle Athletics at www.gargoyleathletics.net

Please circle the week/s you plan on attending:

Week 1: June 26th, 27th, July 1st, & 2nd (4 Day)

Week 2: July 8th - 11th 2024 (4 Day)

Week 3: July 22^{nd-} 25th (4 Day)

Week 4: August 5th - 8th (4 Day)

Week 5: August 19th- 22nd (4 Day)

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

LOCATION: ZINNSER PARK (Edgers & Broadway)
Camp includes Swimming at Chemka Pool EVERY DAY!

Bring your own lunch or money to buy food. Walk-ins are accepted!

1 Week Fee: \$425 (Resident) or \$115 per day \$450 (Non-Resident) or \$125 per day

2 Week Special: \$800 (Resident) \$850 (Non-Resident) (Save \$25 off per week)

3 Week Special: \$1125 (Resident) \$1200 (Non-Resident) (Save \$50 off per week)

4 Week Special: \$1400 (Resident) \$1500 (Non-Resident) (Save \$75 off per week) 5 Week Special: \$1625 (Residents) \$1750 (Non-Resident) (Save \$100 off per week)

Sibling Discount = Save \$25 off per week

To register: Please send email to Drew Wendol at wendolworldwide@gmail.com or call Lisa O'Reilly at 478-2380 or via email at loreilly@hastingsgov.org.

Questions: Email Drew Wendol @ wendolworldwide@gmail.com or Thomas Corveddu @ kynglyon@yahoo.com

Make Checks Payable to: WWA or cash. or Venmo: @Drew-wendol

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

_acrosse Summer 2024	WEEK/S:
Name:	Grade:
Address:	Phone #:
E-Mail:	Parent/Guardian Name:
Emergency Contact (othe	er than Parent/Guardian):
Name:	Phone #:
assignees, do hereby discharge Hasting	ation form, I, the undersigned, for myself, my executors, administrators and s 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:
