

2019 TOWN OF HEMPSTEAD LACROSSE ACADEMY ONE-ON-ONE INSTRUCTION APPLICATION

PLEASE PRINT ALL INFORMATION:

NAME: _____

ADDRESS: _____ ZIP CODE: _____

TOWN: _____ PHONE: _____ ALT PHONE # _____

AGE: _____ SEX: M / F PARENT'S E-MAIL: _____

POSITION: (please circle) ATTACK MIDFIELD DEFENSE GOALIE

COMMENTS: _____ GRADE (as of Sept. '19) _____

Appointment(s) must be made in advance,
by contacting the Academy Office at
516-783-3208. Appointment hours are
flexible and instruction is given Monday
through Friday (except July 4).

DATE: _____ TIME: _____

DATE: _____ TIME: _____

DATE: _____ TIME: _____

TUITION: \$38.50 per one hour of instruction or \$99 for three, one-hour instruction periods.
\$27.50 per child, per hour for groups of 2-5.

Payment is required at the time appointment is made. Cancellations must be made at least 24 hours in advance.

Applications will be processed on a first-come, first-served basis. If you have any questions, contact the clinic office at 783-3208. Make checks payable to: Town of Hempstead. Mail completed application and parental consent form with all fees to:



TOHLA One-on-One Instruction
Seamans Neck Park
2700 S. Seamans Neck Road
Seaford, NY 11783



Please read and check boxes.

I acknowledge that each participant is required to bring his/her own lacrosse equipment.
For a list of required equipment, go to: <http://www.toh.li/activities/lacrosse-academy/tohla-faq>

I acknowledge that refunds are considered for medical reasons ONLY.

Town of Hempstead Lacrosse Instruction Parental Consent Form

I hereby give permission for my child(ren) _____ to participate in the Town of Hempstead lacrosse instruction. I hereby release and hold harmless the Town of Hempstead, its employees, servants or agents, from liability in the event of injury due to participation in said instruction. I hereby verify my child(ren) is/are physically able to participate in the lacrosse instruction. I hereby give permission to use the name of my child and/or his/her photograph, either still or video, for the purposes of publicity and/or professional use of said photos or video.

Print Parent Name

Signature Parent or Guardian