

BALDWINSVILLE RUGBY CAMP

Brought to you by: Central New York Youth Rugby & Lemoyne Rugby

Central New York Youth Rugby is coming to Baldwinsville! Their 6 week summer program is designed for boys & girls to learn the basics of Rugby and increase their skills. Follow along with the US Olympic Rugby Team in Rio this summer and learn the sport that got them there! This program will be coached by Lemoyne's Rugby Coach, Bob Figueiredo. (K-6 is no contact, played with flags.)

Days: Tuesday & Thursdays
Dates: July 12 – Aug. 18, 2016
For: Boys & Girls
Grades/Times: K-6 6:00 to 7:00 pm
7-12 7:00 to 8:30 pm
Fee: \$35.00
Location: Lysander Town Park
8439 Smokey Hollow Rd
In the outfield of Softball Field #1



*For More Information Call the Lysander Parks Office at 635-5999

Make Checks Payable to:

Send Registration to:

Town of Lysander
Lysander Parks & Recreation Dept.
8220 Loop Rd,
Baldwinsville NY 13027



RUGBY CAMP REGISTRATION FORM

NAME: _____ M / F
BIRTHDATE (under 18 yrs. old): _____ GRADE: _____
ADDRESS: _____
CITY: _____ ZIP: _____
PARENTS NAME: _____
HOME PHONE # _____
CELL PHONE : _____ (CARRIER): _____
Email address: _____

CREDIT CARD INFORMATION

MUST BE FILLED OUT IN ORDER TO PROCESS:

MC DISCOVER VISA American Express

EXP. DATE: _____

CARD NUMBER: _____

***I understand there will be a minimum service fee of \$3.00 or 2.45% of the total charge, whichever is higher for using a credit card.**

CARD HOLDER'S NAME _____

----- OFFICE USE ONLY -----

DATE: _____ RECEIPT# _____

CHECK: _____ CASH: _____ CHARGE: _____

AMT: \$ _____

REFUND# _____ DATE _____

ADMIN FEE: _____ REFUND AMT. _____

Refunds: Full refunds are given if we cancel the class. Refund - minus a \$10.00 administrative fee will be given for checks, cash & credit card payments until the day after 1st class. No refunds for "one time" classes. Photos taken for publicity purposes may be used on the Town Web Site, on our facebook pages, in local newspapers or in our brochures, unless otherwise noted by a parent. As the participant, parent or legal guardian of the above named participant I accept full responsibility for any and all injuries which may arise out of participation in the program(s) being registered for and hereby release the Town of Lysander, its agents and/or employees from any claims of any nature whatsoever arising out of my/my child(ren)'s participation. Consent is hereby granted to allow myself/my child(ren) to participate in the program(s) listed above. There is no medical insurance for any programs. I have read, understand, and agree to the policies listed on this page.

← _____ →
Parent Signature