

# Friday After-School Program!

Join Us For  
Basketball and Soccer Sports League  
**For Boys in Grades 2-6**

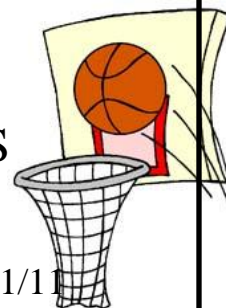


Have Fun While You:  
Learn the Fundamentals of Different Sports

&

**\* Basketball & Soccer Leagues \***

Under the Supervision of  
Rabbi Eli Brazil, Director of Student Activities at DRS



When: Friday Afternoons ~ 1:20-2:20  
10/19, 10/26, 11/2, 11/16, 11/30, 12/7, 12/14, 12/21, 1/4, & 1/11  
\* No Sessions 11/9, 11/23 and 12/28

Where: LOCATION: Life Fitness Club  
235 Mill Street Lawrence, NY 11559

Transportation will be provided from HALB directly from Long Beach. You must pickup from LIFE FITNESS GYM at 2:20 sharp!!.

Cost: \$350 made payable to “ HALB Women’s League ”

If you have any questions, contact:

Astrid Leifer 516-316-1544 [aleifer11@gmail.com](mailto:aleifer11@gmail.com)

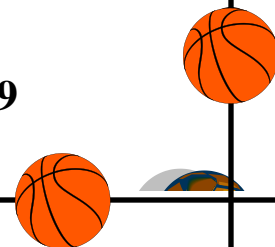
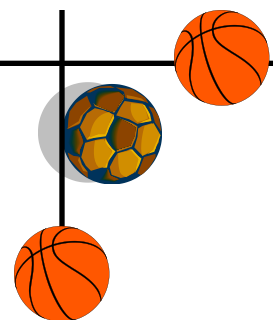
Beth Swedarsky [Beth@bkstherapy.com](mailto:Beth@bkstherapy.com)

Only 40 spots Available, Space is Limited. First come, first served basis  
**Deadline for registration is Friday, September 28<sup>th</sup> 2012.**

**We will need a minimum amount of students to run the program.**

Complete the attached registration form and mail with payment to:

**Astrid Leifer 11 CopperBeech Lane Lawrence, NY 11559**





Application

Student Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ **Parent Email:** \_\_\_\_\_

Cell #: \_\_\_\_\_ Grade: \_\_\_\_\_

Based on your child's Athletic experience, he should be considered

(circle one):      Beginner                      Intermediate                      Advanced

I acknowledge that my child assumes all risk of being injured while participating in the league and agree to hold Eli Brazil /HALB or any employee of the EB Basketball League harmless from liability, loss or personal expense arising out of my child's participation in the league. I grant my child permission to ride the bus from HALB. I have read and agree to the terms of this application.

Parent Signature \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

