

LITTLE LEAGUE OF THE ISLIPS
in conjunction with



2012 Baseball SUMMER clinics

SPEND THE SUMMER PLAYING A SPORT YOU LOVE WHILE SHARPENING YOUR SKILLS

Introducing a new exciting way to spend your summer days...

the Long Island Sports Academy / 2012 Long Island Ducks Youth Baseball Clinics. These clinics are designed for boys and girls of all abilities ages 5-13. Participants will be instructed exclusively by the professional coaches and players of the Long Island Ducks.

Each session will include instruction on all aspects of the game. The camp will consist of five days at a designated location. Our camp will also include a special guest speaker each week, autograph and picture sessions, as well as appearances by QuackerJack, the mascot of the Long Island Ducks.

LITTLE LEAGUE OF THE ISLIPS

WEEK 1: JULY 23RD - JULY 27TH

FULL DAY: 9AM-2PM \$160 (Ages 7 and up)

HALF DAY: 9AM-12PM \$90 (Ages 5 & 6)

INCLUDES: WATER BOTTLE, AUTOGRAPH BALL, GAME TICKET, NO STADIUM DAY

WEEK 2: JULY 30TH - AUGUST 3RD

FULL DAY: 9AM-2PM \$160 (Ages 7 and up)

HALF DAY: 9AM-12PM \$90 (Ages 5 & 6)

INCLUDES: WATER BOTTLE, AUTOGRAPH BALL, GAME TICKET, NO STADIUM DAY

LOCATION: ISLIP LITTLE LEAGUE COMPLEX

RAIN LOCATION: CAGE 16 IN BAY SHORE, NY

Walk on fee \$15 additional * Discounts must be paid in full * Lunch not provided

Camps conducted by the professional staff of Long Island Sports Academy and LI Ducks Pro Players

For general camp info please call: (631) 665-CAMP

Visit us on the web: www.longlandsportsacademy.com

1 Please fill out enrollment form and sign parental release section

2 Make check payable to Long Island Sports Academy and mail to: LI Sports Academy, PO BOX 207, Islip, NY 11751

Little League of The Islips in conjunction with Long Island Sports Academy

Name _____		Emergency Contact _____	
Address _____		Phone _____	
City _____	State / Zip Code _____	Relationship to Camper _____	
Phone _____	Age/DOB _____	Sex (M/F) _____	E-mail Address _____

Parental Release Form—My son/daughter is in good health and has my full permission to participate in a vigorous camp program. He/She has no previous sickness, illness, disease, or bodily injury that is contradictory to participation. I fully understand that physical injury may occur during the course of camp activities. In the event that I cannot be reached I give my permission for such medical procedures as may be deemed necessary by an examining physician. I also understand that Long Island Sports Academy, L.L.C. is not responsible for the loss of any personal items and give my permission to use any individual videotape or photograph taken at camp in conjunction with publicity. **REFUND POLICY** Long Island Sports Academy does not provide refunds. If you cannot attend the program after registering, you can apply the registration fee to a future session. Refund not returned do to the placement of staffing as well as purchased merchandise.

Signature of Parent or Guardian

Date

2012 SUMMER CLINICS	
WEEK 1: JULY 23RD - 27TH	
FULL DAY: 9AM-2PM \$160: _____ (AGES 7 AND UP)	
HALF DAY: 9AM-12PM \$90: _____ (AGES 5 & 6)	
WEEK 2: JULY 30TH - AUG 3RD	
FULL DAY: 9AM-2PM \$160: _____ (AGES 7 AND UP)	
HALF DAY: 9AM-12PM \$90: _____ (AGES 5 & 6)	
Sub Total: _____	
Less \$10 Sibling Discount: _____	
Total: _____	

Method of Payment (Check One): Money Order
Check Mastercard Visa

Credit Card Number

Exp. Date

Signature as it appears on Credit Card