



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 four days at a designated location and **one bonus day at Citibank Park, home of the Long Island Ducks.** 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.

Town of Islip

WEEK 1: JULY 9TH - 13TH - SUNRISE LL COMPLEX

FULL DAY: 9am-2pm \$195 **HALF DAY:** 9am-12pm \$165

INCLUDES: Water bottle, Autograph Ball, Game Ticket, Stadium Day

WEEK 2: JULY 16TH - 20TH - SAYVILLE LL COMPLEX

FULL DAY: 9am-2pm \$195 **HALF DAY:** 9am-12pm \$165

INCLUDES: Water bottle, Autograph Ball, Game Ticket, Stadium Day

WEEK 3: AUG 6TH - 10TH - SUNRISE LL COMPLEX

FULL DAY: 9am-2pm \$195 **HALF DAY:** 9am-12pm \$165

INCLUDES: Water bottle, Autograph Ball, Game Ticket, Stadium Day

Rain Location: Cage 16 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 For registration, payment or billing questions please call: (631) 224-5403

Visit us on the web: www.longlandsportsacademy.com

1 Please fill out enrollment form and sign parental release section

2 Make check payable to Town of Islip and mail to: Sports Office, 50 Irish Lane, East Islip, NY 11730

Town of Islip 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 9TH-13TH	
FULL DAY: 9am-2pm \$195	_____
HALF DAY: 9am-12pm \$165	_____
WEEK 2: JULY 16TH-20TH	
FULL DAY: 9am-2pm \$195	_____
HALF DAY: 9am-12pm \$165	_____
WEEK 2: AUGUST 6TH-10TH	
FULL DAY: 9am-2pm \$195	_____
HALF DAY: 9am-12pm \$165	_____
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

Town of Islip Department of Parks, Recreation & Cultural Affairs

Program Registration Form

PLEASE SIGN THE WAIVER & PERMISSION SLIP AT THE BOTTOM OF THE PAGE

Registrant/Parent's Name _____ Date _____ Email _____

Address _____
No. Street Town Zip

Home Phone _____ Parent # 1 Cell Phone _____ Emergency Phone _____

Work Phone _____ Parent # 2 Cell Phone _____ Emergency Name _____

Participant's Name	Age	Date of Birth	Program Name	Activity #	Session Letter Choice				Location/Site	Time	Fee
					1st	2nd	3rd	4th			

<u>Activity #</u>	<u>Date</u>	<u>Program</u>	
102204A	July 23-27	Baseball Tots	Medical information (medication, allergies, etc...) _____
102205A	July 9-13	Camp 1/2 Day	Birth Certificate on file? Yes _____ No _____ (if no please enclose a copy, only applies if the registrant is under 18 years of age)
102205B	July 9-13	Camp Full Day	Current Recreation Card Number _____ Expiration Date _____
102205C	July 16-20	Camp 1/2 Day	Method of Payment Check _____ Credit Card _____ Total \$ Amount _____
102205D	July 16-20	Camp Full Day	
102205E	Aug. 6-10	Camp 1/2 Day	Mastercard/VISA Account No. _____ Exp. Date _____ Billing Zip _____
102205F	Aug. 6-10	Camp Full Day	

WAIVER & PERMISSION SLIP

In consideration of being permitted to participate in Town of Islip programs the undersigned, for myself, successors, heirs and assigns agree that the Town of Islip, their affiliates, subsidiaries, agents, employees, board members, appointees, servants, officers, directors, assistants and volunteers, or designated appointee or contract vendee may take a photograph image or video graph image of myself/children and publish or print said images in any format whatsoever including publication on the internet, the Town of Islip website or any other form of media, including print media without compensation to the undersigned. The undersigned shall not receive any compensation for their participation in this program or from the use or sale of the media set forth above. I further hereby give permission for the above registered child/children to accompany the Recreation Department on the local trips. I understand that in case on inclement weather some outdoor trips may be canceled. I will have my child/children abide by the rules and policies of the Town of Islip. My consent is given with the understanding that the group will be escorted by recreation staff. The Town of Islip reserves the right to refuse entrance or eject any person whose conduct management deems to be disruptive or in poor taste and will not accept responsibility for damaged or lost personal items. In consideration of being permitted to participate in Town of Islip programs, the undersigned, for myself, successors, heirs and assigns releases and forever discharges the Town of Islip, their affiliates, subsidiaries, agents, employees, board members, appointees, servants, officers, directors, assistants and volunteers, or designated appointee or contract vendee, from all losses, claims, damages, actions or judgments I may have or claim to have against the Town of Islip or any party mentioned above, for all personal injuries, including death and injuries to property, whether real or personal, caused by or arising out of my participation in Town of Islip programs. I further agree for myself, successor, heirs and assigns to indemnify and hold harmless the Town of Islip and all parties mentioned above, from all losses, claims, damages, suits, actions or judgments for personal injuries, including death, and damages to property whether real or per, and from all losses, claims, damages, actions and judgments recovered and from all expenses incurred in defending said claims or suits, including reasonable attorneys fees, costs and disbursements.

Signature of *Parent/*Guardian/Registrant _____ Date _____

(*Signature of parent/guardian is required if registrant is under 18 years of age)