



TOWN OF ISLIPS in conjunction with the Long Island Sports Academy

2012 SUMMERclinics

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

For registration or payment questions please
call: (631) 224-5403.

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

Name

Address

City State/Zip Code

Phone Age/DOB Sex (M/F)

Emergency Contact Person & Ph. # Relationship to Camper

E-mail Address

Method of Payment (Please Check One)
 VISA American Express
 Check Money Order

Credit Card Number Exp. Date

Print name exactly as it appears on credit card

PARENTAL RELEASE FORM (please sign and date)

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. LUNCH NOT PROVIDED

Signature of Parent or Guardian Date

Clinic: Full Day Half Day

Dates: Fee: \$

Clinic: Full Day Half Day

Dates: Fee: \$

Clinic: Full Day Half Day

Dates: Fee: \$

Clinic: Full Day Half Day

Dates: Fee: \$

Sub Total: \$

Less Sibling Discount: \$
(\$10 per Family Maximum)

Total: \$

REFUNDS AND CANCELLATION 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 due to the placement of staffing as well as purchased merchandise.

PRIVATE PROPERTY

All campers are required to dress appropriately for weather such as sunvisors, hats, and sunscreen. All equipment must be labeled with first and last name. Long Island Sports Academy is not responsible for lost equipment. All camps are fully insured with medical staff on hand.

WEATHER POLICY

In the event of extreme weather conditions, we reserve the right to cancel or postpone any part of a session for the safety of the attendees and cannot provide a refund for any cancellation or postponement that is weather related.

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)