

DAY 1

**Wednesday, July 25th 4:00pm to 8:00pm
at the L.I. Sports and Fitness Club.**

Day one will include the College Seminar and part one of the evaluation. Players will also be grouped into time slots for day two workouts. *Day two workout times are not interchangeable.*

DAY 2

**Thursday, July 26th 9:30am to 3:00pm
at Citibank Park, home of the Long Island Ducks.**

Day two will consist of designated workout times and onfield evaluations.

FEE

**ONLY \$215.00 PER PLAYER!
\$255.00 FOR REVIEW OF TWO POSITIONS!**

PLAYER INFORMATION

Age: _____ Height: _____ Weight: _____

Position(s): _____

Bats/Throws: _____

School: _____

Graduation Year: _____

TO BE COMPLETED BY STAFF ONLY

JERSEY #: _____

**Please print
clearly in
blue or black
ink only.**

Please fill out the below form and return with payment

Name _____

Address _____

City _____ State/Zip Code _____

Phone _____ Age/DOB _____ Sex (M/F) _____

Emergency Contact and Phone _____ Relationship to Camper _____

E-mail Address _____

Make check payable to Long Island Sports Academy and mail to following address: Long Island Sports Academy, PO BOX 1123, Commack, NY 11725

Single position \$215, two positions \$255 Total: \$

Method of Payment
(Please Check One)



Check

Money Order

Credit Card Number _____ Exp. Date _____

Print name exactly as it appears on credit card

**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.

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.

**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