



2018 West Islip Sports Academy

www.wi.k12.ny.us

Please submit registration forms two weeks prior to start of camp. Camps will be cancelled if a minimum number of campers are not enrolled. **All camp participants must pay by check.** All checks must be made out to the camp you are registering for (i.e., WISA- Cheerleading, WISA- Wrestling). Please write the camper's name on the memo section of your check. No cash shall be accepted. Non-resident fee – add \$20.00.

Sport	Dates	Time	Grades	Cost	Location	Director/Coach
Summer Instructional Swim	June 25 – June 28 July 9 – July 12 July 16 – July 19 July 23 – July 26 45 minute sessions Between 9:00 – 11:45	Registration: June 16 th @ HS Pool 9:00 a.m. – 12:00 p.m.	1-6	\$65.00	High School Pool	Colleen Reilly
Cheerleading	July 9 – July 12	9:00 a.m.–12 noon	2-8	\$100.00	Oquenock Elementary Gym	Dina Barone
Wrestling	July 23 – July 26	8:30 a.m. – 11:30 a.m.	3-12	\$100.00	High School Wrestling Room	Nick LaGiglia
Gymnastics	July 23 – July 26 July 30 – August 2	9:00 a.m. – 10:00 a.m. or 10:00 a.m. – 11:00 a.m.	K-8	\$65.00	High School Boys Gym	Karyn Storan
Boys' Volleyball	August 6 – August 9	5:00 p.m. – 8:00 p.m.	8-12	\$100.00	High School Girls Gym	John Schrank

REGISTRATION FORM

For each camp/camper, please use a separate registration form and separate check.
MAKE CHECKS PAYABLE TO THE CAMP ATTENDING (i.e., WISA- Cheerleading, WISA- Wrestling)
Please write the camper's name on the memo section of your check.

SEND REGISTRATION AND PAYMENT TO: West Islip Athletics, 100 Sherman Avenue, West Islip NY 11795

Camp: _____ Check #: _____ Grade as of Sept. 2018: _____

Name (Last, First): _____ Parent/Guardian Name(s): _____

Address: _____ Town/Zip: _____

Home Phone: _____ Emergency # - 1: _____ Time/Session: _____

Medical Restrictions: NO _____ YES _____ (Explain on separate sheet)

Medical Disclaimer: My son/daughter is in good health and has my full permission to participate in a vigorous camp program. He/she has no previous illness or bodily injury that is contradictory to participation. In the event I cannot be reached, I give my full permission for such medical procedures deemed necessary by an examining physician.