



2017 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
Camp Adventure Group Games Team Building Trust Activities Cargo Net Climbing Rock Wall Climbing	June 26-June 28	9:00 a.m.–11:30 a.m.	4-8	\$100	Udall MS Gym	Brian Cameron Jim Klimkoski
Cheerleading	July 24 – July 27	9:00 a.m.–12 noon	2-8	\$90	Udall MS Gym	Dina Barone
Softball	July 24 – July 27 July 31 – August 3	8:00 a.m.-11:00 a.m. 8:00 a.m.-11:00 a.m.	8-12 3-7	\$110	HS Softball Fields	Courtney Wilson
Wrestling	July 24 – July 27	8:30 a.m. – 11:30 a.m.	3-12	\$100	Beach MS Gym	Nick LaGiglia
Boys' Volleyball	August 7 – August 10	5:00 p.m. – 8:00 p.m.	8-12	\$100	Beach MS 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. 2017:** _____

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.