

LIPSC Clinic Application

Please Fill out one Per Camper

Please complete the following	Number of clinics	Cost per clinic	Subtotal
Clinic Dates:		\$75	
Apply Discount If applicable			-
Total due: Make checks payable to LIPSC INC			=

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____ Sex _____

Birthdate _____ Home Phone _____

Emergency Contact Number _____

Cell Phone _____

E-mail address _____

Club Team: _____

Please mail with Payment to:

LIPSC

44 Hastings Dr.

Stony Brook, NY 11790

As parent or guardian of the applicant, I hereby accept the conditions of enrollment and give permission for my child to participate in the LIPSC Program. I agree to comply with all program regulations, and hereby remove campsite, staff, management, and Long Island Premiere Sports Camps from any and all liability for injury or damages incurred while involved in this program. LIPSC retains the rights to any photographs or video tapes of the campers taken at Camp to be used for publicity or advertising.

There are no refunds only exchange

Signature _____ Date _____

Referred by: Ad Mailing Friend/Family Coach Website Other: _____ **