

## LIPSC Camper 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: \_\_\_\_\_ \*\*