



2nd ANNUAL



Unlimited Sports Action Multi-Sport Camp

In conjunction with
Port Washington Youth Activities (PYA)

2018 THREE ONE WEEK SESSIONS
FOR BOYS & GIRLS (K-8th GRADE)

MULTI-SPORT / RECESS STYLE GAMES INCLUDING:

WIFFLE BALL, DODGE BALL, FLAG FOOTBALL, SOCCER, LACROSSE, BATTLEPINS, KICKBALL, ETC.

WEEK 1
JULY 29th-AUG 2nd
9:00AM-1:00PM
RAIN DATE: AUGUST 3rd

WEEK 2
AUGUST 6th-9th
9:00AM-1:00PM
RAIN DATE: AUGUST 10th

WEEK 3
AUGUST 13th-16th
9:00AM-1:00PM
RAIN DATE: AUGUST 17th

***ALL EVENTS ARE HELD AT LIONS FIELD* - VISIT WWW.PYASPORTS.ORG/DIRECTIONS**

COORDINATOR: MIKE FURINO
WITH STAFF FROM UNLIMITED SPORTS ACTION

APPLICATION FOR BASEBALL - PARENT OR GUARDIAN MUST SIGN THIS FORM

Name: _____ Age: _____ Grade: _____ Date of Birth: _____ / _____ / _____

Address: _____ Town: _____ State _____ Zip _____

Home Phone #: _____ Cell Phone #: _____ Emergency Phone #: _____

Email Address (1): _____ Email Address (2): _____

1st Preferred Position: _____ 2nd Preferred Position: _____

FEE \$275: WEEK 1: July 29th-August 2nd WEEK 2: August 6th-9th WEEK 3: August 13th-16th

ONLINE REGISTRATION: www.pyasports.org/registerforcamp **MAKE CHECKS PAYABLE TO:** Port Washington Youth Activities **MAIL TO:** PO Box 69 Port Washington, NY 11050

Enclosed is a check for _____. I assume all the risks and hazards incidental to the conduct of such athletic activities, and hereby release, indemnity and hold harmless PYA, its officers, directors, coaches, members, consultants, supervisors, managers, and employees. I also agree to hereby release, indemnify and hold harmless the Unlimited Sports Action, its officers, its directors and employees. I consent to any emergency medical treatment of my son and hereby assume responsibility for payment for such treatment. I have read the above and understand and agree with it.

Signature of Parent or Guardian: _____ Date: _____ / _____ / _____



PORT WASHINGTON YOUTH ACTIVITIES
P.O. BOX 69 • Port Washington, New York 11050 • 516-944-7921 • www.PYASports.org

