



2022 Registration

CHECK THE # OF WEEKS and total up cost. *NYCHA residents are eligible for a FULL SCHOLARSHIP FOR ALL 7 WEEEEKS WITH A \$75 REFENDABLE DEPOSIT with 100% attendance. Make payment on Summer Camp page lesssportsacademy.org/2022-summer-camp

(Please check all that apply)
 ___ July 5th - July 8th \$300
 ___ July 11th - July 15th \$350
 ___ July 18th - July 22nd \$350
 ___ July 25th - July 29th \$350
 ___ August 1nd - August 5th \$350
 ___ August 8th - August 12th \$350
 ___ Scholarship 7 weeks \$75.00
 ___ 7 weeks \$2,000 EARLY discount rate when paid in full by June 8th !

Total Number of Weeks	Total Cost

Player name

Address

Address 2

City/State/Zip

Home phone ()

Email

Birthdate

Gender

League Age/ Fee

Age	Amount
<input type="text"/>	<input type="text"/>

Parent #1

Parent #2

Name	<input type="text"/>	Name	<input type="text"/>
Phone	(<input type="text"/>) <input type="text"/>	Phone	(<input type="text"/>) <input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
Occupation	<input type="text"/>	Occupation	<input type="text"/>
Volunteer?	<input type="checkbox"/> If checked, fill out "Volunteer Application"	Volunteer?	<input type="checkbox"/> If checked, fill out "Volunteer Application"

Medical Information

League Use Only

Emergency contact	<input type="text"/>	Phone	<input type="text"/>												
Relationship to player	<input type="text"/>	Policy	<input type="text"/>												
Insurance carrier	<input type="text"/>	<table border="1"> <tr> <td>Birth Certificate</td> <td>Proof of Residency</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Medical Release Form</td> <td>Waiver needed?</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Level Assigned</td> <td>Team Name</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		Birth Certificate	Proof of Residency	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Release Form	Waiver needed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Level Assigned	Team Name	<input type="text"/>	<input type="text"/>
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I certify that I am the legal guardian of the child named in this application. I give permission for the child to participate in all Lower East Side Sports Academy (LESSA) activities. I understand that my child must abide by all the rules and regulations set forth by LESSA and its affiliates. I fully understand that participation in sports carries inherent risks, and I assume all liability. I waive my right, and will not hold liable, LESSA officers, staff, volunteers, sponsors, and all others affiliated with LESSA, from any claims regarding injury to my child/dependent, whether resulting from negligence or any other reason. I acknowledge that LESSA retains the right to expel my child/dependent from the program if they behave in a manner that is disruptive or is dangerous to themselves, other participants, or staff. Permission is given for my child to be photographed, videotaped or otherwise recorded during activities, and for any such photograph to be displayed by LESSA in any medium (newsletter, website, etc.), whether now or hereafter known or developed

PARENT/GUARDIAN SIGNATURE _____ DATE _____