



**Girls Lacrosse Schools
Confirmation Packet**

Dates: **July 30-August 1, 2012**
Long Island Skills Camp

Amount Paid: _____

Classification: _____

Balance Due: _____

Date Balance Due: July 16th, 2012

Dear Players,

We are very excited that you will join us for a few days of lacrosse with Amonte Sports. We hope that this will be a memorable and exciting experience for you!

Note that you have signed up for:

The Amonte Sports Long Island Skills Camp July 30-August 1, 2012 at Bay Shore High School.

*Camp will be from 9:00 AM - 12:00 PM each day.

Please **read through the attached packet** carefully, as you will find all the information needed. You can also access this information at www.amontesports.com.

All participants must submit a signed health & release authorization AND a copy of their most recent physical & immunization records no later than July 16th, 2012

Please note: Online registrants have already completed the health & release authorization electronically, but still need to submit physical and immunization records. Offline registrants must submit both.

Please mail paperwork to the address below, or submit via fax to 847.563.8678.

Amonte Sports
1822 Ridge Ave. Suite 185
Evanston, IL 60201

Players should report for registration between 8:00am-9:00am Monday, July 30, 2012.

Camp Ends @ 12:00pm, August 1, 2012.

With our impressive staff and unique teaching philosophy, we hope that you will have a competitive fun filled week. Enjoy the beginning of the summer and we will see you on July 30, 2012.

Sincerely,

Kelly Amonte Hiller
Amonte Sports, LLC.

Amonte Sports Contact Information

1822 Ridge Ave. Suite 185
Evanston IL 60201
Phone: (1-877-Y-AMONTE) Fax: (1-847-563-8678)
Email: bschierer@womenslax.com

Thank you for registering for the 2012 Amonte Sports Lacrosse Camp in Suffolk County, Long Island. Players should report on July 30, 2012.

We hope that this will be a memorable and exciting experience for you to work with some of the top players and coaches from across the country! The information in this packet is VERY IMPORTANT, so please read it thoroughly and feel free to call us with any questions at our toll free number: 1-877-Y-AMONTE (1-877-926-6683) or e-mail us at bschierer@womenslax.com

Registration Times & Location

8:00am on the 30th of July at Bay Shore High School.
155 3rd Avenue, Bay Shore, New York.

Amonte Sports Contact Information

Amonte Sports 1822 Ridge Ave. Suite 185 Evanston IL 60201
Phone: (1-877-Y-AMONTE) Fax: (1-847-563-8678)
Email: bschierer@womenslax.com

Medical Paperwork

In order to attend— participants MUST submit a Health & Release Authorization waiver AND their recent Physical and Immunization records.

***Online registrants** have already completed the Health & Release Authorization waiver when registering online— BUT still need to submit Physical and Immunization records.

***Offline registrants** need to submit both the Health & Release Authorization AND their recent physical and Immunization records. Please see page 5 of this packet.

**** These forms must be received before July 16th, 2012****

Please either fax forms to: 847.563.8678

or mail them to: Amonte Sports

**PO 1822 Ridge Ave. Suite 185
Evanston, IL, 60201**

Contact Phone

1-877-Y-AMONTE.

If there is no answer to your call, please leave a message on the machine and an Amonte Sports representative will return your call or relay the message to your daughter.

School Ends

Camp ends August 1st at 12:00pm. All sessions, including the final day will include intensive instruction to help players improve their skill level.

Health and Safety

There will be a certified trainer working at the camp, available to attend to players' needs at all times during the week. Drugs, alcoholic beverages, and cigarettes are strictly forbidden and constitute along with general misconduct, grounds for immediate dismissal without refund or credit.

Payments

Full payment of fees must be received by Amonte Sports by **July 16, 2012**. If you signed up online, your remaining balance due will be automatically charged to your credit card on Monday, July 16th, 2012, two weeks prior to the start of camp.

Checklist of Things To Bring

T-shirts	Mouth Guard	For Goalies:
Shorts	Water Bottle	Goalie Equipment
Sweat Shirt	Sunscreen	Goalie Stick
Sweat Pants	Insect Repellent	Goalie Helmet
Sports Bras	Spending Money	
Cleats	Gloves (optional)	
Athletic Socks	Goggles	
Sneakers		
Lacrosse Stick		

Cancellation Policy

Amonte Sports Cancellation Insurance:

For an additional \$35, cancellation insurance can be added to your registration. Our cancellation insurance entitles you to a full cash refund of all school fees paid to Amonte Sports at the time of cancellation. Note that the \$35 cancellation insurance is non-refundable. To receive a full cash refund, you must email Blake Schierer (bschierer@womenslax.com) prior to the start of school. Cancellation insurance must be purchased upon initial registration/deposit, and cannot be added retroactively. Refunds will be processed by 9/30/12.

Amonte Sports General Cancellation Policy:

If you cancel from school for any reason you will be charged a \$50 administration fee. You will receive a credit voucher for all monies paid to Amonte Sports, less the \$50 administration fee. The credit voucher is valid towards any Amonte Sports school/clinic through 2013 and is transferrable to any family member. Cancellations must be made in writing via email to bschierer@womenslax.com Cash refunds will only be issued with the purchase of Amonte Sports cancellation insurance upon initial registration.

Long Island Skills Daily Schedule:

(Schedule is subject to vary based on logistics of the week)

Monday, July 30, 2012

Registration	8:00am-9:00am
Warmup	9:00am-9:15am
Skills Session 1	9:15am-12:00pm

Tuesday, July 31, 2012

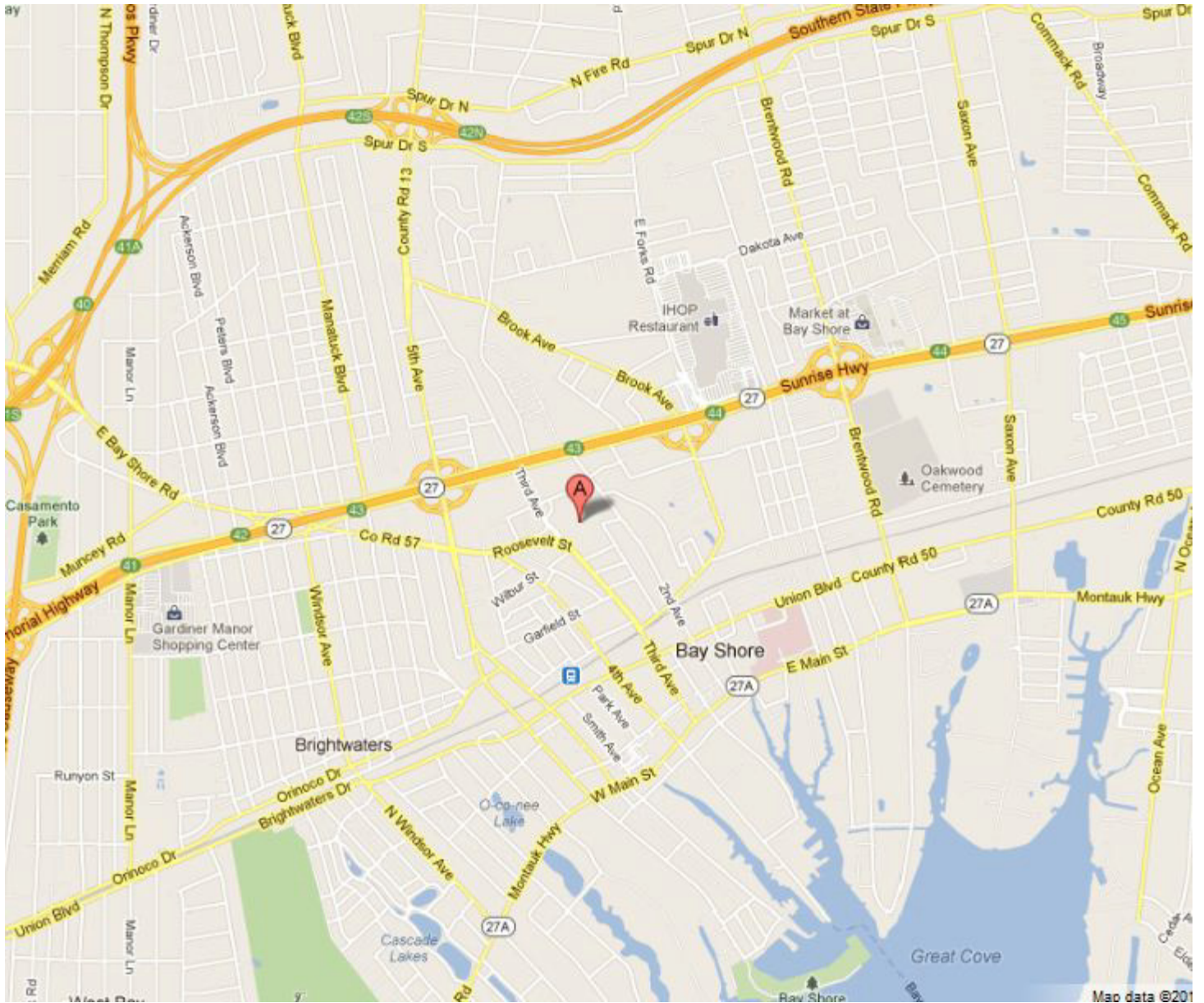
Check-in	8:45am-9:00am
Warmup	9:00am-9:15am
Skills Session 2	9:15am-12:00pm

Wednesday, August 1, 2012

Check-in	8:45am-9:00am
Warmup	9:00am-9:15am
Skills Session 3	9:15am-12:00pm

Bay Shore High School Location

Bay Shore High School is located at: 155 3rd Avenue,
Bay Shore, New York 11706



Health & Release Authorization Waiver

**** FOR OFFLINE REGISTRANTS ONLY****

I agree, warrant and covenant as follows:

Release for Medical Treatment: "I, the parent of the named Camp/School/Clinic/Tournament/Club Team participant, give permission for my child to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the Emergency contact recorded, before taking action. I hereby waive and release the Amonte Sports LLC Staff, Camp/School/Clinic/Tournament/Club Team Management, host facility, and Sponsors/Contracted Affiliates from any liability for any injury or illness sustained while at camp/school/practice/play. I UNDERSTAND THAT THERE IS A RISK OF INJURY TO MY CHILD AS A RESULT OF CAMP/SCHOOL/CLINIC/TOURNAMENT/CLUB ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp/school/clinic/tournament/club practice or resulting from any injury received at camp/school/clinic/tournament/club practice. My medical insurance shall be the insurance coverage for any medical treatment."

Physical Certification: "I hereby certify that the named Camp/School/Clinic/Tournament/Club participant is physically able to participate in the Amonte Sports LLC Camp/School/Clinic/Tournament/Practice and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program."

Publicity Release: "I understand that Amonte Sports LLC retains the right to use for publicity and advertising purposes, photographs of participants taken during camps/schools/clinics/tournaments/club practices."

By accepting this Event Waiver, you are electronically signing to the Amonte Sports LLC Camp/School/Clinic/Tournament/Club Health and Release Authorization.

Participant Name: _____

Event: _____

Parent/Guardian Signature: _____ Date: _____

Medical Insurance Information:

Carrier Name: _____ Policy Number: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____