



LOCAL & AFFORDABLE CAMPS FOR BOYS & GIRLS

Register For Summer Camp In Port Washington!

ONLINE REGISTRATION NOW AVAILABLE! www.PYASports.org/RegisterForCamp



RETURNING FOR 26th YEAR

New York Baseball Academy

(GRADES K-8 BASEBALL)

www.PYASports.org/NYBA

SESSIONS 1 & 2 ARE \$150 EACH / SESSIONS 3 & 4 ARE \$295 EACH

FOUR SESSIONS (RD-Rain Date)

S1	June 27-28	9am-1pm	(RD-July 3)
S2	July 1-2	9am-1pm	(RD-July 3)
S3	July 8-11	9am-1pm	(RD-July 12)
S4	July 15-18	9am-1pm	(RD-July 19)

HOOPS 101

FUN DRILLS • NEW SKILLS

RETURNING FOR 3rd YEAR

(GRADES K-10, BOYS & GIRLS BASKETBALL)

www.PYASports.org/Hoops101

\$310 PER SESSION / HALF DAY OPTION (K-2) \$190

TWO SESSIONS

S1	July 22-26	9am-3pm
S2	July 29-August 2	9am-3pm



RETURNING FOR 4th YEAR

Prime Time Flag Football Camp

(GRADES K-8 FLAG FOOTBALL)

www.PYASports.org/PrimeTime

\$295 PER SESSION

ONE SESSION (RD-Rain Date)

S1	August 26-29	9am-1pm
(RD-Aug. 30)		



NEW CAMP!

Shore 2 Shore Lacrosse Camp

(GRADES K-8, BOYS LACROSSE)

www.PYASports.org/Shore2Shore

SESSION 1 & 2 ARE \$150 / SESSION 3 IS \$295

FOUR SESSIONS (RD-Rain Date)

S1	June 27-28	9am-1pm	(RD-July 3)
S2	July 1-2	9am-1pm	(RD-July 3)
S3	July 15-18	9am-1pm	(RD-July 19)

APPLICATION FOR CAMPS - 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: _____

PLEASE CHECK APPROPRIATE BOX FOR CAMP

NY Baseball Academy

- June 27-28 / 9am-1pm
- July 1-2 / 9am-1pm
- July 8-11 / 9am-1pm
- July 15-18 / 9am-1pm

Hoops 101 Basketball Camp

- July 22-26 / 9am-3pm
- July 29-August 2 / 9am-3pm

Prime Time Football Camp

- August 26-29 / 9am-1pm

Shore 2 Shore Lacrosse Camp

- June 27-28 / 9am-1pm
- July 1-2 / 9am-1pm
- July 15-18 / 9am-1pm

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, indemnity and hold harmless any of the New York Baseball Academy (Hofstra University), Hoops 101, Prime Time, and Shore 2 Shore Lacrosse, its officers, its directors and employees. I consent to any emergency medical treatment of my son or daughter 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

