SPORTSPLEX **CHILDREN'S CENTER** SPORTSPLEX

Winter Break

Full Day Camp Ages 5–12

Games • Swimming • Arts and Crafts • Tennis

Looking for a place for your kids to have fun in safe supervised environment when they are off from school? Sportsplex offers games, swimming, arts and crafts, tennis and all day fun. Pre-registration including emergency information is required.

Date:	Monday, Dec 21	Tuesday, Dec 22	Wednesday, Dec 23
	Monday, Dec 28	Tuesday, Dec 29	Wednesday, Dec 30
Half days:	Thursday, Dec 24	Thursday, Dec 31	

Full Day:	9:00AM–4:00PM	
Half Day:	9:00AM–12:00PM	
Extended Day:	8:00–9:00AM	4:00–6:00PM

Fees	Full	Half	Extended Care
Members	$30		$5 (AM) / $10 (PM)
Non-Members	$40		$5 (AM) / $10 (PM)

All non members must give a credit card number for us to have on file to reserve their spot and participate in the program.
We reserve the right to cancel classes prior to start of class if less than five are pre-registered.

Registration Form

Winter Break Full Day Camp Ages 5–12

Child's Name _____ Age: _____ Birthdate _____

E-Mail _____

❑ Member ❑ Non-member

Monday, Dec 21	**Tuesday, Dec 22**	**Wednesday, Dec 23**	**Thursday, Dec 24** (half day)	**Monday, Dec 28**	**Tuesday, Dec 29**	**Wednesday, Dec 30**	**Thursday, Dec 31** (half day)
9:00AM–4:00PM ❑	9:00AM–4:00PM ❑	9:00AM–4:00PM ❑	9:00AM–12:00PM ❑	9:00AM–4:00PM ❑	9:00AM–4:00PM ❑	9:00AM–4:00PM ❑	9:00AM–12 :00PM ❑
Extended Care AM ❑ PM ❑	Extended Care AM ❑ PM ❑	Extended Care AM ❑ PM ❑	Extended Care AM ❑	Extended Care AM ❑ PM ❑	Extended Care AM ❑ PM ❑	Extended Care AM ❑ PM ❑	Extended Care AM ❑

I understand that in order for my child to attnd camp I must have all of the information on the back of this form filled out as well as payment in full for camp and if I checked off extended care. No refunds or cancellations.

Parent Signature_____

Sportsplex • 2902 NYS Route 9W, New Windsor, NY12553 • 845-565-7600 • Fax: 845-565-9087
www.sportsplex-nw.com

Registration Form

Mini Camp

Child's Name _____

Address _____

Parent Name _____ Member # _____

Home Phone _____ Work Phone _____

Approx drop off time _____ Pick up time _____

Who can we contact in case of an emergency?

1. Name _____ Phone # _____

   Relationship _____

2. Name _____ Phone # _____

   Relationship _____

Does your child have any physical restriction? _____

_____

_____

Is there anything we should be aware of in order to be responsive to your child's needs?

_____

_____

I have read and am familiar with the terms and conditions contained in the waiver of liability listed below:
It is expressly agreed that all exercises and treatments and use of equipment and facilities of Sportsplex are and shall be undertaken at member's and member's minor children's sole risk, and that the member assumes the risk of any injuries he or she or the member's minor children may suffer while using any of the equipment or the facilities of Sportsplex, and that Sportsplex shall not be liable for any claims, demands, injuries, damages, actions, or causes of action whatsoever to the member, the member's minor children or property arising out of or connected with the use of any of the services, equipment and/or facilities of Sportsplex, or of the property or premises where same located, and the member does hereby expressly forever release and discharge Sportsplex from all such claims, demands, injuries, damages or causes of action from all acts of negligence, active or passive, and all other fault on the part of Sportsplex, its servants, agents or employees.

In the event that my child requires emergency medical treatment and I cannot be located I authorize Sportsplex staff to seek emergency care for my child in my absence. I understand that all efforts to locate me and inform me of the situation will continue until I am reached.

_____

Signature Date