

# MINI CAMP

SPRING BREAK GRADES K-6TH

**PRE- REGISTRATION INCLUDING IMMUNIZATIONS  
AND UP TO DATE PHYSICAL IS REQUIRED**

FULL DAY 9:00-4:00 PM CAMP

SWIMMING, TENNIS, ARTS & CRAFTS & GYM TIME

PLEASE PACK;

SWIMSUIT- TOWEL- LABELED WATER BOTTLE- SNACK- LUNCH- SNEAKERS  
REQUIRED FOR TENNIS

DAY	MEMBER	NON-MEMBER	AM CARE 8-9AM	PM CARE 4-6PM	TOTAL
MON. MAR 25TH	\$70.00	\$80.00	\$12.00	\$15.00	
TUES. MAR 26TH	\$70.00	\$80.00	\$12.00	\$15.00	
WED MAR 27TH	\$70.00	\$80.00	\$12.00	\$15.00	
THUR. MAR 28TH	\$70.00	\$80.00	\$12.00	\$15.00	
FRI. MAR 29TH	\$70.00	\$80.00	\$12.00	\$15.00	

**CHECK THE BOX IF YOU WOULD LIKE TO ADD \$5 FOR PIZZA FRIDAY \*\* FRIDAY  
ONLY\*\***

**CHILD'S NAME:** \_\_\_\_\_

**AGE :** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PARENT NAME:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**CHARGE TO MEMBERSHIP**

**CC NUMBER:** \_\_\_\_\_

**EXP DATE:** \_\_\_\_\_

**NAME ON CARD:** \_\_\_\_\_

**ZIP CODE:** \_\_\_\_\_

EMAIL COMPLETED FORM TO  
DRUSSO@SPORTSPLEX-NW.COM



"TO INSPIRE AN ACTIVE LIFE"

2902 US RT 9W  
NEW WINDSOR NY 12553  
845-565-7600

EMERGENCY CONTACTS

I, NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

I, NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

DOES YOUR CHILD HAVE ANY PHYSICAL RESTRICTIONS?

IS YOUR CHILD ON ANY CURRENT MEDICATIONS?

DOES YOUR CHILD HAVE ANY ALLERGIES THAT WE NEED TO BE AWARE OF?

**AGREEMENTS- PLEASE READ AND RESPOND TO QUESTIONS:**

I CONSENT TO THE ENROLLMENT OF THE CHILD LISTED ABOVE IN THIS FACILITY AND HAVE BEEN ADVISED OF THE POLICIES REGARDING ADMINISTRATION OF MEDICATIONS, FEES, TRANSPORTATION AND THE SERVICES PROVIDED BY THE FACILITY, AND THE OFFICE OF CHILDREN AND FAMILY SERVICES REGULATION UNDER WHICH IT OPERATES

IN CASE OF ACCIDENT OR INJURY, I AUTHORIZE ANY AND ALL EMERGENCY MEDICAL, DENTAL, AND/OR SURGICAL CARE AND HOSPITALIZATION ADVISED BY THE PHYSICIANS, SURGEON OR HOSPITAL NECESSARY FOR THE PROPER HEALTH AND WELL BEING OF MY CHILD **YES OR NO ( PLEASE CIRCLE ONE) .**

I AGREE TO REVIEW AND UPDATE THIS INFORMATION WHENEVER A CHANGE OCCURS AND AT LEAST ONCE EVERY SIX MONTHS. **YES OR NO ( PLEASE CIRCLE ONE) .**

I HAVE PROVIDED INFORMATION ON MY CHILD'S SPECIAL NEEDS, ALLERGIES, DIET, DISABILITIES, AND/ OR MEDICAL INFORMATION) TO THE PROVIDER, AS MAY BE NECESSARY TO ASSIST THE FACILITY IN PROPERLY CARING FOR MY CHILD IN CASE OF AN EMERGENCY **YES OR NO ( PLEASE CIRCLE ONE) .**

PARENTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_