

MINI CAMP

FEBRUARY 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. FEB 19TH	\$70.00	\$80.00	\$12.00	\$15.00	
TUES. FEB 20TH	\$70.00	\$80.00	\$12.00	\$15.00	
WED FEB 21ST	\$70.00	\$80.00	\$12.00	\$15.00	
THUR. FEB 22ND	\$70.00	\$80.00	\$12.00	\$15.00	
FRI. FEB 23RD	\$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

REGISTRATION FORM

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 _____