

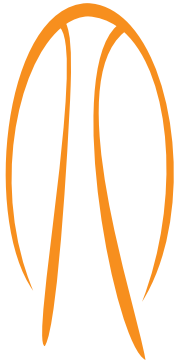
Children's Center

Winter Recess Mini Camp

Full Day Camp Ages 5-12

GAMES • SWIMMING • ARTS & 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. 5% sibling discount offered.



SPORTSPLEX

Dates:	Full Days			
	Wed, Dec 26	Thur, Dec 27	Fri, Dec 28	Mon, Dec 31 - HALF DAY

Full Day:	9:00AM-4:00PM	
Half Day:	9:00 Am- noon	
Extended Day:	8:00-9:00AM	4:00-6:00PM
Fees	Members	Non-Members
Full	\$45	\$55
Half	\$25	\$35
Extended Care	AM: \$8 PM: \$10	AM: \$8 PM: \$10

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 Recess Mini Camp

Child's Name: _____ Age: _____

E-Mail: _____ Birthdate: _____

Wednesday December 26	Thursday December 27	Friday, December 28	Monday, December 31		
9:00AM-4:00PM <input type="checkbox"/>	9:00AM-4:00PM <input type="checkbox"/>	9:00AM-4:00PM <input type="checkbox"/>	9:00AM-12:00 <input type="checkbox"/>		
Extended Care	Extended Care	Extended Care	Extended Care		
AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/>		

I understand that in order for my child to attend 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 _____

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 _____