

REGISTRATION FORM ~ SUMMER 2008

OFFICE USE ONLY

Total Due: _____

Amt. Pd: _____

Bal Due: _____

CC#: _____

Exp: _____

Check #: _____

Child's Name _____

Age _____ Birthdate _____

Street Address _____

City _____, NY Zip _____

Email Address: _____

Home Phone (____) _____ Parent(s) Name(s) _____

Bus. Phone (Dad) (____) _____ Cell (____) _____

Bus. Phone (Mom)(____) _____ Cell (____) _____

In case of emergency contact: _____

Relationship to child _____ Ph: (____) _____

Please indicate any physical problems, limitations, disabilities, illnesses, allergies your child has experienced or is subject to: _____

School now attending _____ School dismissal time _____

How did you hear about CATS _____

(Please check weeks and circle all days attending-minimum of 3 days per week, minimum of 4 weeks)

___ Week 1	June 23 rd - June 27 th	M	T	W	Th	F
___ Week 2	June 30 th - July 3 rd	M	T	W	Th	X
___ Week 3	July 7 th - July 11 th	M	T	W	Th	F
___ Week 4	July 14 th - July 18 th	M	T	W	Th	F
___ Week 5	July 21 st - July 25 th	M	T	W	Th	F
___ Week 6	July 28 th - August 1 st	M	T	W	Th	F
___ Week 7	August 4 th - August 8 th	M	T	W	Th	F
___ Week 8	August 11 th - August 15 th	M	T	W	Th	F
___ Week 9	August 18 th - August 22 nd	M	T	W	Th	F
___ Week 10	August 25 th - August 29 th	M	T	W	Th	F

**50% Non-Refundable
Deposit Required @
time of application**

**Payment in Full
Required by June 1st**

• I am the parent/guardian of _____ and I certify that I am familiar with the activities engaged in by the participants of the Children's Athletic Training School (C.A.T.S) program, and I certify that my child has no conditions that prohibit or limit participation in CATS program. I agree that my child assumes ordinary risk of injury, or risk of injury caused by a condition or practice common to a particular activity or sport, while on the premise where CATS classes are held. I further agree not to hold Children's Athletic Training School Inc., any of its affiliates or subsidiaries, or any of its instructors, supervisor, or any employees liable for any injury sustained by myself or my child while on the premise where CATS classes are held. I will see that my child will be supervised prior to and after his/her CATS class. I understand that program fees are due in full before the first day and the Children's Athletic Training School Inc., reserves the right to change a class due to insufficient enrollment. I will see that my child will be supervised prior to and after his/her CATS classes. CATS reserves the right to expel any student whose behavior is considered disruptive and/or dangerous to him/herself or others. Expelled students are not eligible for a refund.

REFUND POLICY: Tuition in the summer camp is **NON REFUNDABLE**. 50% deposit is required. Balance is due by June 1st. A late fee of \$50.00 will be charged if tuition is not paid in full by June 1st, 2008. A \$50.00 fee is charged for returned checks. If in case of accident or injury to my child and the emergency contact designated above cannot be reached, I authorize CATS Inc. through its agents or employees, to obtain medical attention for my child. By signing below, I certify that I understand and accept all enrollment conditions. I understand that CATS retains the rights to any photographs taken at CATS to be used for publicity or advertising. Please send payments to CATS 188 Maple Avenue ~ Rockville Centre ~ NY ~ 11570

Make Ups: There are NO MAKE UPS DAYS even under the most extenuating circumstances.

Signature : _____ Print Name: _____ Date: _____