



CHILDREN'S ATHLETIC TRAINING SCHOOL

SUMMER SPORT PROGRAM

JUNE 23, 2008 to AUGUST 29, 2008

REGISTRATION AGREEMENT FORM *(Print or Type)*

Last Name _____ First Name _____
 Street _____ Apt _____ City _____ State _____ Zip _____
 Age _____ Birthdate ____/____/____ Boy _____ or Girl _____
 Email _____ Home Phone(____) _____ - _____
 School _____
 Father's Name _____ Phone _____ Mother's Name _____ Phone _____
 Pediatrician: _____ Phone _____
 In case of emergency notify parents and/or _____ Phone _____
Any allergies or problems about which CATS should be aware: _____

ROOKIE CAMP
 For 4 - 7 years old
 9 AM- 3 PM
FULL DAY

Week 1: 6/23 _____	Week 6: 7/28 _____
Week 2: 6/30 _____*	Week 7: 8/4 _____
Week 3: 7/7 _____	Week 8: 8/11 _____
Week 4: 7/14 _____	Week 9: 8/18 _____
Week 5: 7/21 _____	Week 10: 8/25 _____

Any single week:	\$550.00
Any 3-5 weeks:	\$535. /week
Any 6-9 weeks:	\$525. /week
All 10 weeks:	\$4,900.00

Please check off week/s that apply.

SUMMER FUN
 For 3 to 4 years old
 9 AM- 1 PM
HALF DAY

Week 1: 6/23 _____	Week 6: 7/28 _____
Week 2: 6/30 _____*	Week 7: 8/4 _____
Week 3: 7/7 _____	Week 8: 8/11 _____
Week 4: 7/14 _____	Week 9: 8/18 _____
Week 5: 7/21 _____	Week 10: 8/25 _____

Any single week:	\$475.00
Any 3-5 weeks:	\$450. /week
Any 6-9 weeks:	\$435. /week
All 10 weeks:	\$4,165.00

Please check off week/s that apply.

Week 2 will be prorated due to being closed on July 4th.

SPORTS PROGRAM FOR 1 & 2 YEAR OLDS					
DAY	TIME	LEVEL	AGE	CHECK THOSE	COST
Tuesday	2:00PM	Baby CATS	1-1.11 yrs.		\$325/10wks
Wednesday	2:00PM	Kiddie CATS	2.0-2.11 yrs.		\$325/10wks

ASK ABOUT AFTERNOON SOCCER CLASSES!

I certify that _____ has no known conditions that prohibit or limit participation at CATS.
 I assume ordinary risks when using the facilities and agree not to hold CATS, Inc., or any of its instructors liable for any injury sustained as a result of participation in the *CATS Program*. I understand that CATS reserves the **right to expel** any student whose behavior is considered disruptive and/or dangerous to either him/herself or others and that expelled students **are not eligible for a refund**.
 In case of accident/injury and the aforementioned cannot be contacted, I grant CATS, Inc. permission to contact and, if necessary, obtain medical attention.

When enrolling for multiple week discounts, I understand that the weeks need not be consecutive and that the discount applies ONLY to the initial enrollment.
 We regret that **tuition is non-refundable** even under the most extenuating circumstances, and **there will be No Make-ups allowed.**

By signing below, I certify that I understand and accept all enrollment conditions

Date: _____

(Signature of Parent/Guardian)

SEND APPLICATION WITH PAYMENT TO: CATS, 235 E. 49th St. New York, NY 10017 Fax: 212-832-1881
 Please call 212-832-1833 x222 if further information is needed.