

PRESIDENTS' WEEK PROGRAM @ CATS
188 MAPLE AVENUE ROCKVILLE CENTRE, NY 11570
516-763-1299 CATSRVC@GMAIL.COM

RATES AFTER FEB. 10TH 2017

5 DAYS = \$175
4 DAYS = \$160
3 DAYS = \$135
2 DAYS = \$100
1 DAY = \$55

Credit Card number: _____

Expiration Date: _____ Security Code: _____
VISA, MASTERCARD OR DISCOVER ONLY! **NO AMERICAN EXPRESS**

Check Day/s:
Mon. 2/20 _____ Tues. 2/21 _____ Wed. 2/22 _____ Thurs. 2/23 _____ Fri. 2/24 _____

Check: **AM** 10:00 am – 1:00 pm _____ **PM** 1:15 pm - 4:15 pm _____ **FULL DAY** 10:00 am – 4:15 pm _____
Morning program send nut free lunch or \$3 NAME LABELED pizza lunch! Please send exact change!
PM program send nut free snack.

Please print clearly:
Child's Full Name: _____ Age: _____ Date of Birth: ___/___/___

Street Address: _____ Town: _____ Zip Code: _____

Email Address (Print Clearly): _____

Parent's Names: _____

Home Phone: () _____ Cell Phone: () _____ Cell Phone: () _____

Please indicate if child has/had any physical problems, allergies, limitations, disabilities, illnesses, etc.:

School now attending: (other than CATS) _____ Dismissal Time: _____

I am the parent/guardian of _____ and I certify that my child has no known conditions that prohibit or limit participation in CATS.
I assume ordinary risks when using the facilities and agree not to hold Children's Athletic Training School, Inc. or any of its instructors liable for any injury sustained as a result of participation in CATS classes.
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.
I understand that payment is due upon registration and that the Children's Athletic Training School, Inc. reserves the right to cancel a class due to insufficient enrollment.
I understand that there will be no make up days given!!!
I understand that there will be **NO REFUNDS GIVEN** under even the most extenuating circumstance.

LET US KNOW ABOUT ANY ALLERGIES.
This form must be signed in order that enrolled child may attend the program.

Print Name: _____ Date: _____

Signature: _____