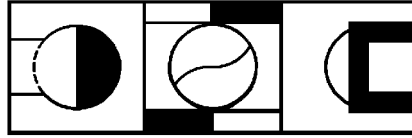


SPORTIME<sup>SM</sup>



TENNIS • FITNESS • MULTI-SPORT

# Youth Sports Program

at SPORTIME Quogue  
**Saturdays**

SPORTIME **Multi-Sport Classes** are designed to develop children's motor skills while learning a variety of popular sports. Children are introduced to soccer, basketball, baseball, flag football and hockey. Classes are once per week for the 6-week session.

## Saturday Class Schedule



9:00-9:55am • 3-4 year olds  
10:00-10:55am • 5-6 year olds  
11:00-11:55am • 7-9 year olds



Program Fee:

**ONLY \$99** per student for 6 classes

**ASK ABOUT OUR AMAZING  
SPORTS BIRTHDAY PARTIES!**

2571 Quogue-Riverhead Road (Rte. 104), East Quogue, NY 11942

Phone- 631/653-6767 • Fax- 631/653-8315

[www.SportimeNY.com](http://www.SportimeNY.com)

## REGISTRATION FORM

**Liability Waiver:** I understand that there are certain inherent dangers in participating in sports activities that may include permanent disability and death. I have inspected the facility and equipment prior to participating in any activities to ensure that they are safe. I do hereby waive, release, and forever discharge the club and its officers, agents, employees, representatives, executors and all others from any and all responsibilities or liability from injuries or damages resulting from my child's participation in any SPORTIME activities. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to my child, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my child's participation in any activities of the club or the use of any equipment at the club. I declare my child to be physically sound and suffering from no conditions, impairment, disease, infirmity, or other illness that would prevent my child's participation in sports activities. In case of accident or injury and an emergency contact person cannot be reached, I grant SPORTIME permission to obtain medical attention for my child if necessary, for which I will be financially responsible.

I understand that the appropriate deposit must accompany this application and that payment in full is due prior to the second week of class. With the exception of cancelled classes, fees are non-refundable.

SPORTIME reserves the right to cancel classes due to insufficient enrollment. I further understand that the Multi-Sport Director reserves the right to remove any child(ren) from any class that may be inappropriate for that child or for that class.

I understand that SPORTIME retain the rights to any photographs or video taken at the facility to be used for publicity or advertising. I further understand that SPORTIME cannot be responsible for items left at the club.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Child's Name \_\_\_\_\_  M  F Date of Birth \_\_\_/\_\_\_/\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Town & Zip \_\_\_\_\_ Emergency # \_\_\_\_\_

E-Mail Address (required) \_\_\_\_\_ *How did you hear about Sportime?* \_\_\_\_\_

Please indicate any special needs your child may have \_\_\_\_\_

Class Choice First Preference: \_\_\_\_\_  
Class (age) Day Time

Is your child right handed or left handed? \_\_\_\_\_ T-Shirt Size (*circle one*): 6-8 • 10-12 • 14-16 • Adult S

Please make checks payable to **SPORTIME**

(office use only, please: Mem# \_\_\_\_\_ Pmt. Amt \_\_\_\_\_ \$ / cc Date \_\_\_\_\_ Rec# \_\_\_\_\_