



VACATION SPORTS CLINIC

DISTRICT 13 PHYSICAL EDUCATION TEACHERS KEVIN OLSEN & PETER GATTO WILL BE OFFERING SPORTS CLINICS EMPHASIZING SKILLS, GAMES AND ACTIVITIES FOR STUDENTS IN GRADES KINDERGARTEN THRU SIXTH. ALL CLININCS ARE CO-ED AND ALL STUDENTS IN THE DISTRICT ARE WELCOME!

GRADES K-2 MULTI-SPORT JR. WILLOW RD. G.P. ROOM 12/27 & 12/28 9:00AM-11:30AM COST: 2 DAYS \$45.00	GRADES 3-6 MULTI-SPORT (BASKETBALL, SOCCER, VOLLEYBALL) WILLOW RD. GYMNASIUM 12/27 & 12/28 9:00AM-2:30PM (students bring lunch) COST: 1 DAY \$50.00, 2 DAYS \$90.00
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REGISTRATION IS LIMITED!

MAIL COMPLETED REGISTRATION FORMS TO:

GAME TIME SPORTS CLINICS
 3358 SILVERTON AVE.
 WANTAGH, NY 11793

FOR MORE INFO CALL: (516) 902-3232
www.gametimesportsclinics.com

 PLEASE CIRCLE THE CLINIC YOUR CHILD WILL BE ATTENDING:

MUTLI-SPORT JR. (K-2)

MULTI-SPORT (3-6) 1 DAY

MULTI-SPORT (3-6) 2 DAY

12/27 OR 12/28

Please fill out form in its entirety. **All fees must be paid in full at time of registration.** Personal checks and cash accepted. A **\$25.00** fee will be applied for any returned checks. No refunds after 12/20/2016.

Student Information

NAME:(LAST) _____ (FIRST) _____ SEX: M F
 ADDRESS: _____ HOME SCHOOL: _____

 _____ GRADE: _____

Parent Contact Information

HOME PHONE # _____ CELL # _____ EMERGENCY # _____
 E-MAIL ADDRESS (CONFIRMATION AND REMINDERS) _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT: If I cannot be reached in case of serious illness or accident, I hereby authorize GAME TIME SPORTS CLINICS INC. to make whatever arrangements they deem necessary. I certify that my child is in good health and has no ailments or medical conditions that would prevent them from participating.

PARENT SIGNATURE _____ DATE _____

PAYMENT TYPE: CHECK # _____ CASH AMOUNT: _____

REGISTERED BY _____

PAYMENT RECEIVED _____