



## ALL DAY GYM CLASS!

DISTRICT 13 PHYSICAL EDUCATION TEACHERS WILL BE OFFERING A SPECIAL VACATION CLINIC. ALL DAY GYM CLASS WILL INCLUDE: BASKETBALL, SOCCER, GAGA, SCOOTER HOCKEY, VOLLEYBALL/NEWCOMB, MAT BALL, NINJA WARRIOR TRAINING COURSE, CASTLE BALL AND MUCH MORE. CONTESTS WITH PRIZES!

<b>GRADES K-2</b> <b>GYM CLASS JR.</b> <b>WILLOW RD. G.P. ROOM</b> <b>2/22-2/23</b> <b>9:00AM-11:30AM</b> <b>COST: 2 DAYS \$45.00</b>	<b>GRADES 3-6</b> <b>ALL DAY GYM</b> <b>WILLOW RD. GYMNASIUM</b> <b>2/22-2/23</b> <b>9:00AM-2:30PM (students bring lunch)</b> <b>COST: 1 DAY \$50.00, 2 DAYS \$90.00</b>
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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](http://www.gametimesportsclinics.com)

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*PLEASE CIRCLE THE CLINIC YOUR CHILD WILL BE ATTENDING:*

**GYM CLASS JR. (K-2)**

**ALL DAY GYM (3-6) 1 DAY**

**ALL DAY GYM (3-6) 2 DAY**

**2/22 OR 2/23**

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 2/15/2017

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 \_\_\_\_\_