



TheSportsPlace.com / 845-358-GAME (4263)

On Deck for Ages 2½ - 5
Multi-Sport Fun



12-Weeks: \$299
24-Weeks: \$499



(Turn over for Schedule)

\$29 Registration Fee includes FREE Gift from TSP

Your child can expect...

- A Relaxed and nurturing environment supervised by TSP coaches
- A Variety of fun-filled, age-appropriate activities, including
 - Warm-up Exercises & Stretches
 - Baseball/Softball
 - Basketball & Soccer
 - Field Hockey (no skates ☺)
 - Mini-Golf Putting
 - And more!
- To enhance age-appropriate motor and social development skills
- To have a great time!

We encourage you to bring your child to as many classes as possible!

Enrollment is valid for twelve (12) or twenty-four (24) weeks from the date of your child's first participation in the program.

Schedule

Subject to Change

Tuesday 12:30 – 1:30 PM	Thursday 1:30 – 2:30 PM	Saturday 10:00 – 11:00 AM	Sunday 10:00 – 11:00 AM
--	9/9	9/11	--
--	9/16	9/18	--
9/21	9/23	9/25	--
9/28	9/30	10/2	--
10/5	10/7	10/9	10/10
10/12	10/14	10/16	10/17
10/19	10/21	10/23	10/24
10/26	10/28	10/30	--
11/2	11/4	11/6	11/7
11/9	11/11	11/13	11/14
11/16	11/18	11/20	11/21
11/23	--	--	11/28
11/30	12/2	12/4	12/5
12/7	12/9	12/11	12/12
12/14	12/16	12/18	12/19
12/21	--	--	--
12/28	12/30	--	--
1/4	1/6	1/8	1/9
1/11	1/13	1/15	1/16
1/18	1/20	1/22	1/23
1/25	1/27	1/29	1/30
2/1	2/3	2/5	2/6
2/8	2/10	2/12	2/13
2/15	2/17	2/19	2/20
2/22	2/24	2/26	2/27

Child's Name: _____ Age: _____ Birth Date: _____ M or F

Adult's Name (s): _____ E-Mail: _____

Phone (Home): _____ Cell: _____ **Classes Expire:** _____

Recognizing the possibility of physical injury associated with any organized play and in consideration for accepting the registrant for its program (the "Program"), I hereby release, discharge, and/or otherwise indemnify **THE SPORTS PLACE**, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Program against any claim by or on behalf of the registrant's participation in the Program and/or being transported to or from the same, which transportation I hereby authorize. My child or ward has received a physical examination and has been found physically capable of participating in the Program. In the case of a medical emergency I hereby grant permission for my child/ward to receive medical treatment. I am aware of the policies and objectives of the Program and hereby authorize my child/ward to participate.

X _____ / / _____
 Parent / Guardian Signature Date

Registration fees are non-refundable. Printed on recycled paper.