



The Sports Place

845-358-GAME (4263)



Summer Camp

Ages 6-12+ / 9 AM to 4 PM Daily

Mornings generally start with a variety of sports & agility drills that ensure your "future star" develops proper mechanics for use in virtually any sport. Healthy snacks & drinks are available all day to keep your child energized and hydrated. Our sumptuous lunch is followed by an array of games, activities and prize yielding contests to keep those competitive fun juices flowing. Topping off the day, our exhausted campers feast on a delicious frozen treat of their choice from TSP's Toppings Ice Cream Parlor with 20+ flavors and 100+ toppings. And no matter what the weather brings, TSP's indoor facilities keep everyone cool & dry all day!

Ten (10) Fun Weeks Available

June 25 – June 29	July 30 – August 3
July 2 – July 6	August 6 – August 10
July 9 – July 13	August 13 – August 17
July 16 – July 20	August 20 – August 24
July 23 – July 27	August 27 – August 31



Full-Day Meal Plan is Now Included at No Additional Charge!
Hot Lunch, Multiple Snacks, Toppings Ice Cream & Unlimited Fountain Drinks
\$25 per week for Kosher, Vegetarian, and other Special Dietary Requirements



Summer Baseball & Sports Camp
Camper Information

First Name: _____ Last Name: _____
 Age: _____ Birth Date: _____ Shirt Size: _____

Contact Information

Parent/Guardian Name: _____
 Phone (Home): _____ Cell: _____
 Parent/Guardian Name: _____
 Phone (Home): _____ Cell: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 E-Mail: _____
 Emergency Contact (other than parent/guardian): _____
 Emergency Contact Phone #: _____
 Notes/Medical Conditions/Allergies: _____

***Budget Pay:** I understand that my credit card will be **automatically** charged _____ equal payments of \$ _____ for the remaining balance (incl. Meal Plan) on the **28th day of each month.**

X _____ / ____ / ____
 Parent / Guardian Signature Date

Credit Card: _____ **Exp:** _____

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 and New City Little League**, 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 that fees are NON-REFUNDABLE and aware of objectives of the Program.

X _____ / ____ / ____
 Parent / Guardian Signature Date

Deposit: _____ Monthly Payment: _____ # of Payments: _____ Total Cost: _____

Week(s): 1 2 3 4 5 6 7 8 9 10 **Transportation:** Yes No **Lunch:** Yes No