

Children's Athletic Training School 188 Maple Avenue, RVC NY 11570 www.catsrvc.com email catsrvc@gmail.com

Phone: 516-763-1299

<u>CASH, CHECK, Mastercard, Visa or</u> <u>Discover ONLY – NO AMEX</u>

KIDS NIGHT OUT

Date of Kids Night Out:		CC Expiration
Time Slot: 6:00-9:00 PM		CC security code
Child/Children's Full Name/l		
	DOB/DOBs:	
Street Address:		
City:	Zip:	
Parents Names:		
	leave 2):	
Email address:		_
How did you hear about CAT	TS?	
Any additional phone numbe	rs where Parent/Guardian can be reac	thed in case of an emergency:
illnesses,Your child MUST stay hom degrees Fahrenheit or highe breathing, new loss of taste	nad any allergies, physical problem te if they have any of the symptoms er, new cough or a cough gets wors or smell, sore throat, nausea, vomi or severe headache, new nasal con	from this list: Fever of 100.4 e, difficulty or trouble ting, diarrhea, chills, muscle
known conditions that prohibit or multi sports program including be the facilities and agree not to hol injury sustained because of parti- prior to and after his/her CATS is considered disruptive and/of for a refund. I understand and	a limit participation in CATS classes. I ass ut not limited to bumps, bruises, strains, so ld Children's Athletic Training School, Incipation in this CATS program. I will see a classes. CATS reserves the right to be drangerous to him/herself or others, agree that there are no refunds for this st 24 hours prior to the program.	sume ordinary risks associated with a sprains and broken bones when using a or any of its instructors liable for any that my child will be supervised expel any student whose behavior Expelled students are not eligible
Print Name:		
Signature:	Date:	