



Children's Athletic Training School
188 Maple Avenue, RVC NY 11570
www.catsrvc.com email catsrvc@gmail.com
Phone: 516-763-1299

KIDS NIGHT OUT

Date of Kids Night Out: _____

Time Slot: 6:00-9:00 PM

Child/Children's Full Name/Names: _____

CASH, CHECK, Mastercard, Visa or
Discover ONLY – NO AMEX

CC# _____

CC Expiration _____

CC security code _____

Age/Ages: _____ DOB/DOBs: _____

Street Address: _____

City: _____ Zip: _____

Parents Names: _____

Cell Phone Numbers (please leave 2): _____

Email address: _____

How did you hear about CATS? _____

Any additional phone numbers where Parent/Guardian can be reached in case of an emergency:

Please indicate if child has had any allergies, physical problems, limitations, disabilities, illnesses, _____

Your child MUST stay home if they have any of the symptoms from this list: Fever of 100.4 degrees Fahrenheit or higher, new cough or a cough gets worse, difficulty or trouble breathing, new loss of taste or smell, sore throat, nausea, vomiting, diarrhea, chills, muscle pain, excessive fatigue, new or severe headache, new nasal congestion or runny nose.

I am the parent/guardian of _____ and I certify that my child has no known conditions that prohibit or limit participation in CATS classes. I assume ordinary risks associated with a multi sports program including but not limited to bumps, bruises, strains, sprains and broken bones when using the facilities and agree not to hold Children's Athletic Training School, Inc. or any of its instructors liable for any injury sustained because of participation in this CATS program. **I will see that my child will be supervised prior to and after his/her CATS classes. CATS reserves the right to expel any student whose behavior is considered disruptive and/or dangerous to him/herself or others. Expelled students are not eligible for a refund. I understand and agree that there are no refunds for this program. A credit can be given if the Director is notified at least 24 hours prior to the program.**

Print Name: _____

Signature: _____ Date: _____