



**CHILDREN'S ATHLETIC TRAINING SCHOOL**  
 188 Maple Avenue, Rockville Centre, NY 11570  
 Phone 516-763-1299 Fax: 516-255-0051

<u>For office use only</u>
LEVEL: _____
CODE: _____
Amt. Paid: _____
Method: _____
Bal. Due: _____
Credit due: _____

**PLEASE FILL OUT ALL INFORMATION BELOW**

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Child's Name to be put on TEE SHIRT: \_\_\_\_\_ [ ] Boy [ ] Girl

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

<u>Mastercard, Visa or Discover ONLY</u>
CC# _____
CC Expiration _____
CC security code _____

I am enrolling for CLASS: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

School now attending: \_\_\_\_\_ Dismissal time: \_\_\_\_\_

Please indicate if child has had any physical problems, limitations, disabilities, illnesses, \_\_\_\_\_

How did you hear about CATS? \_\_\_\_\_

- 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 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 as a result of participation in CATS classes.
  - I will see that my child will be supervised prior to and after his/her CATS classes. 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 make-up classes must be arranged at least one day in advance, in the same level class, **apply only to the current session** and are limited to two per session. An additional make-up class will be given if your class falls on a day C.A.T.S. is closed.
  - I understand that payment is due upon registration and that the Children's Athletic Training School, Inc. reserves the right to cancel a class due to insufficient enrollment.

**REFUND POLICY:** The \$40.00 (20 week classes) or \$25.00 (10 week classes) administrative fee is non-refundable for all classes. Notification of class cancellation must be received at least 24 hours prior to the first or second class of CATS session not to incur the fee for the upcoming class. Pro-rated refunds will be given if notification is received within 48 hours after the second class of the enrolled session. **NO REFUNDS OR CREDIT WILL BE GIVEN THEREAFTER.** Refund requests must be made directly to an office staff member (NOT A COACH). NO EXCEPTIONS. Refunds will take three to four weeks to be processed. **NO REFUNDS GIVEN FOR EVENTS OUT OF OUR CONTROL (E.G., FLOODS, STRIKES, ETC.)**

**TRANSFERS:** A \$25.00 transfer fee is required after a term begins. **RETURNED CHECKS** incur a \$50.00 service charge. A \$25.00 **LATE FEE** will be charged if payment is not received in full by the first class. (Exception: payment plan)  
 In case of accident/injury and the aforementioned cannot be reached, I grant CATS, Inc. permission to contact and, if necessary, obtain medical attention. I understand that CATS, Inc. retains the right to any photographs taken at CATS to be used for publicity or advertising. CATS is in a public facility and cannot be held responsible for personal items.

**By signing below, I certify that I have read and understand this document and accept all enrollment conditions. This form must be signed in order for the enrolled child to attend class. This form must be signed in order that enrolled child may attend class.**

Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_