



OFFICE USE ONLY

Total Due: _____

Deposit Pd: _____

Bal Due: _____

Visa, MC or Discover only:

Expiration Date: _____

Security Code: _____

Medical Form: _____

Permission Slip: _____

B & D Authorization: _____

CATS SUMMER REGISTRATION FORM 2026

Child's Name _____

Age _____ Birth date _____

Address _____

Email Address (PRINT CLEARLY): _____

Guardian 1 Name & Number: _____

Guardian 2 Name & Number: _____

Additional contact name(s) & Numbers:

Please indicate if your child has any allergies, physical limitations, disabilities or 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.

Early Bird Rates with a \$300 NON-REFUNDABLE DEPOSIT by March 15th. Early Bird campers must be PAID IN FULL by MAY 15th. Discounts are given only for the initial number of days registered for. Enrollment is based on FIRST COME, FIRST SERVED BASIS.

School attending during school year: _____

How did you hear about CATS: _____

CHECK WEEK & CIRCLE DAYS. ENTER IN TIME SLOT:

___ Week 1	June 15 th – June 19 th	M	T	W	Th	F	Time: _____
___ Week 2	June 22 nd – June 26 th	M	T	W	Th	X	Time: _____
___ Week 3	July 29 th – July 3 rd	M	T	W	Th	F	Time: _____
___ Week 4	July 6 th – July 10 th	M	T	W	Th	F	Time: _____
___ Week 5	July 13 th – July 17 th	M	T	W	Th	F	Time: _____
___ Week 6	July 20 th – July 24 th	M	T	W	Th	F	Time: _____
___ Week 7	July 27 th – July 31 st	M	T	W	Th	F	Time: _____
___ Week 8	August 3 rd – August 7 th	M	T	W	Th	F	Time: _____
___ Week 9	August 10 th – August 14 th	M	T	W	Th	F	Time: _____
___ Week 10	August 17 th -August 21 st	M	T	W	Th	F	Time: _____
___ Week 11	August 24 th – August 28 th	M	T	W	Th	F	Time: _____
___ Week 12	August 31 st – September 4 th	M	T	W	Th	F	Time: _____

(Continued on reverse side)

(CATS Summer Registration form continued)

As the parent or guardian of _____ (child's name), I certify that I am familiar with the activities of the Children's Athletic Training School (CATS) program and confirm that my child has no conditions that limit their participation.

I agree that my child assumes the ordinary risks associated with participating in sports and activities on the CATS premises. I further agree not to hold CATS, its affiliates, subsidiaries, instructors, or employees liable for any injuries sustained by myself or my child while on-site.

I acknowledge the following enrollment conditions:

- **Supervision:** I will ensure my child is supervised before and after their CATS program.
- **Payment and Refunds:** A \$300.00 deposit is required to secure a spot. Tuition is non-refundable, and the full balance is due by **May 15, 2026**. A \$50.00 fee applies to any returned checks. Please note that credit cards will not be automatically charged; please call to arrange payment by the May 15th deadline.
- **Make-Up Days:** There are no guaranteed make-up days. While CATS may attempt to reschedule a session if notified in advance, this is subject to availability.
- **Schedule Changes:** A \$25.00 fee applies to any changes made to scheduled days.
- **Conduct:** CATS reserves the right to expel any student whose behavior is disruptive or dangerous. Expelled students are not eligible for a refund.
- **Medical Authorization:** In the event of an accident or injury where emergency contacts cannot be reached, I authorize CATS employees to obtain medical attention for my child.
- **Media Release:** I understand that CATS retains the rights to use photographs taken during the program for social media, publicity, or advertising.
- **Lunch:** Please provide a nut-free lunch or labeled lunch money (\$3) for the pizza drop box. CATS will provide a daily snack, and a microwave is available in the lunchroom.

To ensure the safety of all students, our facility is strictly nut-free. This includes peanut butter, jelly sandwiches, and any items processed in a facility that may contain traces of nuts. Please check all food and snacks carefully. If you provide sun butter as a substitute, please label the sandwich clearly.

By submitting and signing this, I certify that I understand and accept all enrollment conditions.

Thank you for your cooperation in keeping our students safe.

Print Name: _____

Signature: _____ Date: _____