



Learn, grow,
be your best!

February 2010 Vacation Mini-Camp Registration Form

Please return completed for to 371 S. Broadway, Tarrytown, NY 10591
fax to 914.366.7434, email: sgentile@jcontheudson.org by February 12, 2010

Payment is required to secure your spot in the program. Space is limited.

Child's Name _____ Age _____ Home Phone # _____

Address _____ Zip: _____

Parent 1: _____ Day Phone: _____ Cell: _____

Parent 2: _____ Day Phone: _____ Cell: _____

Please check all that apply: JCC family member Schechter student/sibling Non-Member

Please specify any allergies or asthma: _____

I certify that my child has no physical limitations that might put him/her at risk while participating in athletic activities.

Parent Guardian Signature _____ **Date:** _____

Signature required for Vacation SPORTSations enrollment

If your child will require any medication during the program day, please contact us for a medication administration form. Children with mild to moderate developmental disabilities can contact Mindy Cohen, Director of Special Needs Services for information on SKIP: Special Kids Interesting Places vacation program.

The JCC reserves the right to use all pictures for publicity purposes.

I give my permission for my child to participate in the JCC's Vacation Program.

Parent Guardian Signature _____ **Date:** _____

Signature required for enrollment

| <i>Check all that apply</i> | Tuesday, Feb 16 | Wednesday, Feb 17 | Thursday, Feb 18 | Friday, Feb 19 |
|--|--|------------------------------|-----------------------------|--|
| Vacation Sensations Outings | Bowling & Magician | Ice Skating & Chuck-E-Cheese | Krazy City | Mad Science Show & Hudson River Museum |
| Vacation SPORTSations Athletics | Soccer Clinic | Basketball Clinic | Football Clinic | Maccabi Games |
| Early drop off 8:00-9:00 a.m. | Each day includes periods of other sports in addition to the skills clinics and scrimmages | | | |
| Extended Hours 3:00-6:00 p.m. | | | | |