



Staff use only:  
 Date Received: \_\_\_\_\_  
 Enrolled Class: \_\_\_\_\_  
 Bill Date: \_\_\_\_\_ Amount: \_\_\_\_\_

**ENROLLMENT FORM**

*Tell us about You! ("Responsible Party")*

Your Name (**not** your child's name!): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Alternative Emergency Contact Person: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

*Tell us about your FasTrackKid! ("Student")*

Last Name of your FasTrackKid	First Name of your FasTrackKid	Age	DOB	Gender
			/ /	M / F

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

*Any siblings? We offer a 10% sibling discount if enrolled!*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

**FasTrackKids Summer Schedule (11 Original weeks!):**

- June 18 - 22 - Under The Sea
- June 25 - 29 – Super Stories and Wonderful Words
- July 2, 3, 5, 6 - Awesome Earth Adventure
- July 9 - 13 – Spencer Learns Sports
- July 16 - 20 – Magnets, Molecules and Mystery
- July 23 - 27 – Ready, Set, Travel 1
- July 30 – Aug. 3 – Ready, Set, Travel 2
- August 6 -10 – Young Scientists, Old Bones (Dinosaurs)
- August 13 - 17 – Anatomy of Me
- August 20 - 24 – Destination Constellation (Space camp)
- August 27 – 31 – Rainforest Exploration

**FasTrack Explorers Camp Summer Schedule for ages (2.5-4):  
 Tues/Wed/Thurs. 1:00 – 3:00pm UES location only**

- \$210/week for any 1 week
- \$200/week for any 2 weeks
- \$190/week for any 3 weeks
- \$180/week for any 4 weeks
- \$170/week for 5 or more weeks

**E.nopi Math and Reading (Choose 1 or 2 hours per week)**

- 1 Hour per week for 11 weeks - \$643.50
- 2 Hours per week for 11 weeks - \$1166

**UES or UWS Half Day Camp 9-12pm:**

- UWS       UES
- \$500/week for any 1 week
  - \$475/week for any 2 weeks
  - \$450/week for any 3 weeks
  - \$425/week for any 4 weeks
  - \$400/week for 5 or more weeks

**UES with The Sports Club/LA**

**Full Day Camp 9-3pm**

- \$850/week for any 1 week
- \$825/week for any 2 weeks
- \$800/week for any 3 weeks
- \$775/week for any 4 weeks
- \$750/week for any 5 weeks

**UWS with Reebok Sports Club/NY**

**Full Day Camp 9-3pm**

- \$800/week for any 1 week
- \$775/week for any 2 weeks
- \$750/week for any 3 weeks
- \$725/week for any 4 weeks
- \$700/week for 5 or more weeks

**10% sibling discount!**

**Enroll your children ages 4-7 in the same camp to simplify drop offs and pickups!**

**PAYMENT INFORMATION**

Credit Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover																								
CREDIT CARDS ONLY	VISA/MC CARD NUMBER (16 NUMBERS); AMEX CARD NUMBER (15 NUMBERS) <table border="1" style="width:100%; height:20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> EXPIRATION DATE: MMY <table border="1" style="width:100%; height:20px;"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>																								
Credit Card Information	Cardholder Name (as printed on the card):																								
Terms & Conditions	By signing here, I agree that I am purchasing the above membership from FasTrackKids, and I acknowledge that I understand and agree to all of the terms and conditions on the other side of this Agreement																								
Signature	Parent/Guardian: _____ Date _____																								

Additional Information, Terms & Conditions

**Allergies, Dietary Restrictions, Behavioral Issues or Medical Conditions:** please describe any and all of the following:

Allergies	
Dietary restrictions	
Behavioral/ Developmental Issues/ Delays	
Medical conditions	

Unless this section above indicates otherwise to the contrary, we will assume that Student can consume normal snacks & engage in normal activities for child in Student's age group. FasTrackKids is not authorized to give medication to your child.

**Pickups:** please list only the people besides yourself that are allowed to pick up your child. If the person on this list did not bring Student to the center, that person will be asked to show ID (this is for the wellbeing of your child and so there are no exceptions)

Name	Relationship	Phone #s (cellular phone)

**Cancellations & Refunds.** We make staffing arrangements and other provisions upon enrollment of your child. Therefore, we regret that we cannot offer refunds in the event of your child's withdrawal from our classes. However, we do understand that sometimes a withdrawal is unavoidable. In that case, the unused portion of the tuition will remain on file as a credit to be used within one year from the date of the withdrawal.

**Videotaping & Photographs.** I agree that Student may be videotaped, filmed or photographed during classroom activities exclusively for purposes of emailing such videos to myself and anyone else that I specifically authorize and to post photographs around the learning center.

**UWS Full Day Camp:** I agree that Student will be escorted by FasTrackKids staff from FasTrackKids' W. 72<sup>nd</sup> Street location to Reebok Sports Club/NY located at 160 Columbus Ave between W. 67<sup>th</sup> and W. 68<sup>th</sup> Street and that pickup will be from the 2<sup>nd</sup> floor of Reebok Sports Club/NY at 3pm.

**UES Full Day Camp:** I agree that Student will be escorted by FasTrackKids staff from FasTrackKids' E. 84<sup>th</sup> Street location to The Sports Club/LA located at 330 East 61<sup>st</sup> Street between 1<sup>st</sup> and 2<sup>nd</sup> Avenues and that pickup will be from the 5<sup>th</sup> floor of The Sports Club/LA at 3pm.

**Emergency Consent:** I acknowledge that it is the policy of FasTrackKids to notify a parent when a child is ill or needs medical attention. I acknowledge that if FasTrackKids cannot contact a parent and they need to get immediate help for the child, the procedure is to take the child to the nearest emergency service or call 911/ ambulance help. I hereby consent to this procedure and further agree to pay all costs incurred.

I hereby state that the above information is accurate and I understand and agree to all of the terms and conditions set forth above

Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_



**Summer Camp Participation Agreement**

Name: \_\_\_\_\_ Child Name: \_\_\_\_\_

Program Date/ Time: \_\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

In consideration for being allowed to participate in the various activities as part of the Summer Camp (the "Program") at Reebok Sports Club/NY, Ltd., 160 Columbus Avenue, New York, NY 10023 (the "Club"), I (We) the undersigned parent(s) or legal guardian(s) of the above-named minor child, agree to and understand the following:

1. Assumption of Risk. I understand and acknowledge that the Program activities may involve indoor sports activities and/or instruction such as soccer, baseball, obstacle courses, football, kickball, boxing, dodge ball, swimming and basketball and use of the Club's climbing wall, bounce house or other inflatables (collectively the "Activities"). I understand that participation in the Activities includes an inherent risk of illness, accidents and injuries resulting from such things as falling, slipping, crashing or colliding or the negligence of others. I, on the behalf of my child, knowingly and willingly assume all risks associated with the Activities at the Program. I certify that my child has no medical, physical or other conditions that could affect their ability to participate in the Activities or follow directions.

2. Responsibilities during Participation in the Activities. I agree to the following terms when my child is participating in the Program and any of the Activities: (a) My child and I shall comply with all Club rules, regulations, safety guidelines, and written and verbal instructions; and (b) I will provide a means of contact (such as a cell or pager number) while my child is at the Program. I assume all risks that may occur on the Club premises, including the risks of possible emergency situations. In the event of an emergency, the Club will use reasonable efforts to contact me. I acknowledge that the Club does not have a medical staff available and cannot provide emergency or other medical treatment, other than CPR and first aid by trained personnel and/or will seek 911 emergency medical assistance.

3. Waiver, Release and Indemnity. I, on behalf of my minor child, hereby voluntarily waive and release the Club, and its owners, affiliates, employees, officers, directors and agents (collectively, the "Club Indemnitees") from any damage, claim, action, suit, demand, liability, expense or judgment, including attorneys' fees and court costs (collectively "Claims") that I and/or my child may have against the Club Indemnitees arising from or related to (a) use of any of the Club's facilities, equipment or services; (b) participation in the Activities, including the bounce house and climbing wall; or (c) any illness, death or loss or damage to person or property while on or off the Club premises, including those arising out of any negligence of the Club, except to the extent caused by the gross negligence or willful misconduct of the Club. I further agree to indemnify the Club Indemnitees from any and all Claims arising from or related to any act, illness, injury or damage to person or property caused by me or my child.

By signing below, I acknowledge that I have carefully read this Agreement, including the waiver, release and indemnity and fully understand its contents.

Parent(s) / Guardian(s) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\*If completed electronically your typed name represents your Signature

Parent(s)/ Guardian(s) Printed Name:

\_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_