

SUMMER BLAST

FOR KIDS AGES 6-13

Registered On: _____/_____/_____

Initials: _____

Deliver Registration to a Sales Associate
or Mail to: Vision Sports Club
37 W. Jefferson Ave, Pearl River, NY 10965

MONDAY-FRIDAY
STARTING JULY 2ND
9:00 AM - 12:00 PM

SUMMER BLAST REGISTRATION 2018

Child's Name _____ Age _____ Birth Date _____ YFZ Member Y/N _____

Parent's Name _____ Email _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Emergency Contact _____ **Phone** _____

MEDICAL

Does your child suffer from any allergies? If so, list _____

Is your child on any medication? If so, list _____

PAYMENT INFORMATION

Card Holders Name _____

AMEX MasterCard

VISA Discover

_____ CSV

_____ Exp Date

Billing Address _____ City _____ State _____ Zip _____

Number of Days Attending _____

Fitness Consultant _____

Rate Per Day:\$ _____ Total:\$ _____

Form of Payment _____

NO REFUNDS All Sales Final _____ Initial Here



Pricing Subject to Change. Restrictions Apply. All Sales are Final.

Discounted Rates for Active Contractual YFZ Members* Guest/Free Passes not Eligible. Blast Sessions not included in YFZ Program.

37 West Jefferson Ave, Pearl River NY 10965 . www.VisionSportsClub.com . 845-517-1400