



**YOUTH FIT ZONE SUMMER BLAST REGISTRATION**

**Camper Information:**

Child's Name: \_\_\_\_\_ M  F  Parent/Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

**Age Groups:**  
*Grade entering in Fall 2017*

Grades K & 1 \_\_\_\_\_  
 Grades 2 & 3 \_\_\_\_\_  
 Grades 4 & 5 \_\_\_\_\_  
 Grades 6, 7, 8 \_\_\_\_\_  
 Birthdate \_\_\_\_\_

**Summer 2017 YFZ Blast Weeks (check weeks attending):**

<u><b>JULY</b></u>	<u><b>AUGUST</b></u>	
<input type="checkbox"/> July 5-7 <sup>th</sup> **	<input type="checkbox"/> August 7 <sup>th</sup> - 11 <sup>th</sup>	<i>**Holiday Week - No Session July 3 &amp; 4</i>
<input type="checkbox"/> July 10 <sup>th</sup> - 14 <sup>th</sup>	<input type="checkbox"/> August 14 <sup>th</sup> - 18 <sup>th</sup>	
<input type="checkbox"/> July 17 <sup>th</sup> - 21 <sup>st</sup>	<input type="checkbox"/> August 21 <sup>st</sup> - 25 <sup>th</sup>	
<input type="checkbox"/> July 24 <sup>th</sup> - 28 <sup>th</sup>		
<input type="checkbox"/> July 31 - Aug 4		

**Blast Summer Pricing\*\*:**

- **Week** 9AM – 12:30 PM  
YFZ Member- \$135 / Non-Member- \$165
- **Holiday Week** July 5-7  
YFZ Member- \$80 / Non-Member- \$100
- **Week 3<sup>rd</sup> Child Family Rate\***  
YFZ Member- \$115 / Non-Member- \$145
- **Single Day** 9AM – 12:30PM  
YFZ Member- \$35 / Non-Member- \$40
- **Early Drop Off** 8AM  
\$10/ per day  
*\*Family rate for 3 or more children (Same Household)  
\$20 off for 3<sup>rd</sup> (+) child for same week*

**Fees:**

Number of Half Day Weeks \_\_\_\_\_ x \$ \_\_\_\_\_ = \_\_\_\_\_

Number of Holiday Weeks \_\_\_\_\_ x \$ \_\_\_\_\_ = \_\_\_\_\_

Number of Single Days \_\_\_\_\_ x \$ \_\_\_\_\_ = \_\_\_\_\_

Days of Early Drop Off \_\_\_\_\_ x \$ \_\_\_\_\_ = \_\_\_\_\_

**Amount Due:** \_\_\_\_\_

\*\*YFZ Member Rates applicable for all annual & short term ACTIVE YFZ Members at time of session enrolled for

**Bill my Credit Card:**

Cardholder Name \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Exp. Date \_\_\_/\_\_\_ Amex Discover MasterCard VISA  
 Card # \_\_\_\_\_ CCV Code \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Billing Instructions:**

**Make checks payable to:**  
 Vision Sports Club  
**Mail to:** Vision Sports Club ATTN: YFZ Blast  
 37 West Jefferson Avenue  
 Pearl River, NY 10965

Or  
 Email Registration to [info@visionsc.com](mailto:info@visionsc.com)  
 and submit payment over the phone  
 to 845-517-1400

**Space is Limited!!!** Please register early; registrations will be taken on a first received basis.  
 YFZ regular 4:00pm-8:00pm weekday hours and 9:00am-2:00pm Saturday hours are in effect for members.  
\*Restrictions May Apply.