

# Multiply your FUN at MID-WINTER RECESS Camp!



NY San Ten Traditional  
Japanese Karate Institute



## February 20-24th

### Mon-Fri, 9am-3pm

*\* Drop-off and Pick-up at SYS*

ages K-6th grade

**\$60 per day! \$250 for the week!**

- \* Basketball**
- \* Tennis**
- \* Karate**
- \* Soccer**
- \* Volleyball**

**\* Lunch is from 12pm-1pm**  
**Campers must BRING their own lunch**



Southampton Youth Services and Future Stars Tennis Club  
1370A Majors Path, Southampton, NY 11968  
SYS: 631.287.1511  
FSTC: 631.287.6707, FSTC Fax: 631.287.8633

*\* Please complete and  
return to the front desk*

- Mon. Feb. 20
- Tues. Feb. 21
- Wed. Feb. 22
- Thurs. Feb. 23
- Fri. Feb. 24



Player's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Summer Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Cash Amount: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

*Please make checks payable to SYS*

Credit Card Information:  MC  VISA  AMEX

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_/\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

*I authorize SYS to charge all outstanding balances*

Card Holder Signature: \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_

#### Waiver and Release

As an applicant, I hereby agree to comply with all program and club regulations and remove Future Stars Tennis LLC, SYS Inc. and the Town of Southampton or its agents from any liability incurred while involved in this program. The use of the facility is strictly at the players risk. Future Stars LLC, SYS Inc. and the Town of Southampton is not responsible for injuries, accidents, or damage to personal property arising from normal athletic activities on the premises including interactions with other persons on the court. All participants and their guests hereby specifically waive any claims for damages arising from their use of the club facilities. In the event of an emergency I grant the club and it's agents to give whatever immediate treatment is necessary and or take myself/ my child to a hospital emergency room. Permission is granted to use photos and videos taken at the club for promotional purposes.

Signature: \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_