

**Pick-Up**

# DODGEBALL



**High School Students, Grades: 9-12**

**Wednesday Nights**

**6:00pm-7:30pm**

**It's Back!!!**

**BEGINS  
SEPT. 24, 2008**



**SPORT &  
WELLNESS**

TENNIS • FITNESS • MULTISPORT

190 Old Sylvan Lake Rd.  
Hopewell Jct., NY 12533

**(845) 226-8733**

[www.sportandwellness.net](http://www.sportandwellness.net)

**Pick-Up Dodgeball** is for all High school students (*Members & Non-Members are welcome*). Each week teams will be formed and play in regulation dodgeball matches. Our activities coordinator and referees are on staff at all times to maintain a safe and fun environment.

**Pre-Pay Discount!**

If you *Pre-Pay* for 10 weeks it's like getting one week FREE! Let the front desk know when you sign up.

**Member Rate: \$45      Non-Member Rate: \$72**

**Pay As You Play!**

Every time you come into Sport & Wellness, sign in at the front desk and pay per night.

**Member Rate: \$5      Non-Member Rate: \$8**

**For more information, contact Tim at ext.102**



TENNIS ▪ FITNESS ▪ MULTISPORT

# PICK-UP DODGEBALL

Participants Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ E-mail: \_\_\_\_\_

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

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

Home Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

In case of emergency, call: \_\_\_\_\_ Phone #: \_\_\_\_\_

How did you hear about this program at Sport & Wellness? \_\_\_\_\_

**Policies:** All Dodgeball Pre-Paid Packages are non-refundable. Packages expire within 90 days from date of purchase. I accept the terms mentioned above and agree to pay the full amount, unless otherwise noted, at the time of purchase or be subject to a \$15.00 Guest Fee Charge

The above named participant has my permission to participate in Sport & Wellness programs. Sport & Wellness has my permission, in case of emergency, to give or call for medical care. I also release, on behalf of myself and my heirs, Sport & Wellness, LLC., their officers, agents, employees and those associated sponsors, harmless from all liability which may result from my use of the facilities. I also understand that the participants may be photographed during a program at Sport & Wellness and that the photo may be used for promotional materials. I also agree to abide to Sport & Wellness few policy.

I hereby give permission to the health personnel selected by the program to order x-rays, routine tests, treatments, and necessary transportation for my child or me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected to secure and administer treatment, including hospitalization, for the person named above.

\_\_\_\_\_  
Participant's Signature (parent or guardian if under 18)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Week 1 Date: _____	Signature: _____	Week 6 Date: _____	Signature: _____
Week 2 Date: _____	Signature: _____	Week 7 Date: _____	Signature: _____
Week 3 Date: _____	Signature: _____	Week 8 Date: _____	Signature: _____
Week 4 Date: _____	Signature: _____	Week 9 Date: _____	Signature: _____
Week 5 Date: _____	Signature: _____	Week 10 Date: _____	Signature: _____