

# END OF SUMMER

## CAMP 2013

SPORTS



DANCE

**AUGUST 26-30, MONDAY-FRIDAY**

**9AM-12 OR 1-4PM**

**AGES 4-12 (KIDS WILL BE GROUPED BY AGE)**

**EARLY BIRD CAMP FEE - BY 8/10: \$195 AFTER 8/10: \$220**

### SPORTS CAMP



- PLAY VARIOUS SPORTS & GAMES
- 45-MINUTE CONDITIONING CLASS

CONTACT: LYNDA AT  
LYNDA@TESTSPORTSCLUBS.COM

### DANCE CAMP



- LEARN A VARIETY OF DANCE STYLES
- BALLET, JAZZ, HIP-HOP AND MORE!

CONTACT: CATHERINE AT  
SPOTLIGHTATTEST@GMAIL.COM

**VISIT**

**WWW.TESTSPORTSCLUBS.COM**

**(732) 271-1000**

# REGISTRATION FORM

## SUMMER CAMP 2013 AT TEST SPORTS CLUBS AUGUST 26-30

Complete form. Mail with payment to address below OR Call (732) 271-1000 with credit card information. Checks payable to TEST Sports.

CAMP:  Sports  Dance      TIME:  9am-12  1-4pm

**LIABILITY WAIVER:** I/WE REALIZE THAT PARTICIPATION IN DANCE CLASSES AND ACTIVITIES COULD INVOLVE SOME POSSIBLE PERSONAL INJURY. DESPITE PRECAUTIONS, ACCIDENTS AND INJURIES MAY OCCUR. BY SIGNING THIS RELEASE, I/WE (THE PARTICIPANT AND PARENT/GUARDIAN) ASSUME ALL RISKS RELATED TO THE USE OF ANY AND ALL SPACES USED AT TEST SPORTS CLUBS, LLC BY SPOTLIGHT DANCE ACADEMY AT TEST, LLC AND TEST SPORTS CLUB, LLC.

I/WE AGREE TO RELEASE AND HOLD HARMLESS SPOTLIGHT DANCE ACADEMY AT TEST, LLC AND TEST SPORTS CLUB, LLC INCLUDING ITS TEACHERS, PARTICIPANTS, STAFF MEMBER AND FACILITIES USED BY BOTH ENTITIES FROM ANY CAUSE OF ACTION, CLAIMS, OR DEMANDS NOW AND IN THE FUTURE. I/WE WILL NOT HOLD SPOTLIGHT DANCE ACADEMY AT TEST, LLC AND TEST SPORTS CLUB, LLC LIABLE FOR ANY PERSONAL INJURY OR ANY PERSONAL PROPERTY DAMAGE, WHICH MAY OCCUR ON THE PREMISES BEFORE, DURING OR AFTER CLASS. FUTUREMORE,

I/WE AGREE TO OBEY THE CLASS AND FACILITY RULES AND TAKE FULL RESPONSIBILITY FOR MY/OUR BEHAVIOR IN ADDITION TO ANY DAMAGE I/WE MAY CAUSE TO THE FACILITIES UTILIZED BY SPOTLIGHT DANCE ACADEMY AT TEST, LLC AND TEST SPORTS CLUB, LLC.

Physical Limitations?      YES      NO      *If Yes, please disclose:* \_\_\_\_\_

Allergies?      YES      NO      *If Yes, please disclose:* \_\_\_\_\_

Child(ren) Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_

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

Emergency Contact Person & Phone #: \_\_\_\_\_

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

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