

FLORAL PARK RECREATION CENTER SUMMER 2024

RECREATION PROGRAMS

REQUIRED PROOF: VFP 2024/2025 LEISURE PASS or CURRENT VFP RESIDENT POOL PASS & BIRTH CERTIFICATE

REGISTRATION APPLICATION

Fee is Non-Refundable

NAME: _____ **AGE:** _____

ADDRESS: _____

HOME PHONE # _____ **CELL #** _____ **GRADE AS OF SEPT. 2022:** _____

EMAIL ADDRESS: _____

CONTACT OTHER THEN SELF IN CASE OF EMERGENCY

NAME: _____ **PHONE #** _____ **CELL #** _____

YOUTH TENNIS

\$65.00 a session per child. Session Days: Monday to Thursday: Times 1:00pm to 2:00pm

Please Circle Approximate Skill Level: **BEGINNER** or **INTERMEDIATE**

Please Check one week of Attendance

Week #	Start	End	Grades		Week #	Start	End	Grades
WEEK # 1	July 1	To July 5	4th - 8th	No class 7/4	WEEK # 4	July 22	to July 25	1 st - 3 rd
WEEK # 2	July 8	to July 11	4th - 8th		WEEK # 5	July 29	To Aug. 1	1 st - 3 rd
WEEK # 3	July 15	to July 18	4th - 8th		WEEK # 6	Aug. 5	to Aug. 8	1 st - 3 rd

3 Hour Program

\$100.00 a session per child. Session Days: Monday to Thursday: Times 8:30am to 11:30am

Week #	Start	End		Week #	Start	End
WEEK # 1	July 1	To July 5	No class 7/4	WEEK # 5	July 29	To Aug. 1
WEEK # 2	July 8	to July 11		WEEK # 6	Aug. 5	to Aug. 8
WEEK # 3	July 15	to July 18		WEEK # 7	Aug. 12	to Aug. 15
WEEK # 4	July 22	to July 25				

TEEN TENNIS

Monday & Wednesday 2:00 PM - 3:00PM Grades 9th - 12th Starts July 1

I hereby apply for enrollment in the above applied for program as chosen at the Floral Park Recreation/Pool Complex. I understand as the patron/member individually, and/or acting on behalf of enrolled in full that I shall be liable for any property damage and/or personal injury (caused by a member, guest or any other persons) at the V.F.P. Recreation/Pool Complex for the above program applied for, during any activity, function, arranged or sponsored event. It is my obligation to pay for any costs involved upon presentation of a statement thereof. I understand there will be no refunds given. Any falsification in the application information can result in the cancellation of enrollment in the program without refund. I understand we assume responsibility for our own health, and/or that of the children as listed, and that we are healthy enough to participate in any and all activities associated in membership. Participation in any and all activities, functions, arranged or sponsored event shall be at such person's own risk. I agree the Inc. Village of Floral Park, the Floral Park Pool, the V.F.P. Recreation Center, employees, and residents shall not be liable for any injuries or damage, including those caused by bacteria or virus, to such persons, or the property of such persons, or be the subject to any claim, demand, injury, actions or causes of action or damages, and I hereby waive, release, absolve, indemnify and agree to hold them harmless from any claim. I also acknowledge reading and agree to the policies and rules of the V.F.P. /Recreation Pool as the prerequisite to membership, and participation in any programs. I agree that any photos taken of members and their guests may be used at the discretion of the V.F.P. Recreation/Pool Department or the Incorporated Village of Floral Park. The village of Floral Park reserves the right to add or to modify the regulations when necessary.

I (Last Name) _____ (First Name) _____ give my Son / Daughter permission to participate in this Inc. Village of Floral Park 2024 program.

Parent Signature: _____ Date: _____

~For Recreation Employee Use Only~ Type of Proof: 2024/2025 V.F.P. Leisure Pass / Current VFP Resident Pool Pass

Payment: Check No. _____ Cash _____ Receipt # _____

Recreation Employee Signature: _____ Date: _____