



# Saratoga Springs Recreation Department



## SUMMER CLINICS & PROGRAMS

Take advantage of our Early Bird Special!

Register before June 21 to Save!

(All clinics & programs increase by \$25 after June 21)

Register by mail or in person at 15 Vanderbilt Avenue

### Summer Registration Dates

April 13—June 21

## Summer Clinics

### Early Bird Clinic Fees (includes tee shirt)

City Resident: \$70 School: \$70 Non School: \$90

### American Legion Baseball

Ages: 5-14

Dates: Jun 29 - Jul 3

Time: 8:30-11:30am

Location: East Side Rec

### Field Hockey

Ages: 8-14

Dates: Jul 13 - Jul 17

Time: 5:30-8:00pm

Location: Recreation Center Field

### Soccer

Ages: 4-12

Dates: Session 1 Aug 3 - Aug 7

Session 2 Aug 10 - Aug 14

Time: 8:45-11:45am

Location: Vet Memorial Park (Geyser)

### Boys Basketball

Ages: 7-13

Dates: Session 1 Jul 6 - Jul 10

Session 2 Aug 10 - Aug 14

Time: 8:30-11:30am

Location: East Side Rec

### Girls Basketball

Ages: 7-13 yrs

Dates: Jul 13 - Jul 17

Time: 8:30-11:30am

Location: East Side Rec

### Softball

Ages: 6-15

Dates: Aug 17 - Aug 21

Time: 8:30-11:30am

Location: Vet Memorial Park (Geyser)

### Boys Lacrosse

Ages: 8-14

Dates: Aug 3 - Aug 7

Time: 5:30-8:00pm

Location: North Side

### Girls Lacrosse

Ages: 8-14

Dates: Aug 3 - Aug 7

Time: 5:30-8:00pm

Location: North Side Park

### Tennis

Dates: Jul 27—July 31

Ages/Time: 6-7yrs 9:00-10am

Ages/Time: 8-10yrs 10:00-11am

Ages/Time: 10-12yrs 11:00-12pm

Location: East Side Rec

### Cheerleading

Ages: 5-13

Dates: Jul 20 - Jul 24

Time: 8:30-11:30am

Location: Recreation Center

### Skate Park

Ages: 5 - 13

Dates: Aug 17 - Aug 21

Time: 5:30-8:00pm

Location: East Side Rec

### Volleyball

Ages: 8-14

Dates: Jul 20 - Jul 24

Time: 5:30-8:00pm

Location: Recreation Center





Program Fees Reflect Early Bird Discount

## Summer Programs

### Intro to Ice Skating

Ages: 3 and up (Adults included)  
 Dates: Jul 7 - Aug 18 (also Jul 9)  
 Days: Tuesdays  
 Time: 5:00-6:30pm  
 Fee: C \$50, S \$70, N \$70  
 Location: Saratoga Springs Ice Rink

### Flag Football \*New\*

(Co-Sponsored w/ Saratoga Pop Warner)

Ages: 5 - 10  
 Dates: Jul 8 - Aug 2  
 Days: Wednesdays and Sundays  
 Time: 6:00-7:00pm  
 Fee: C \$50, S \$50, N \$70  
 Location: East Side Recreation

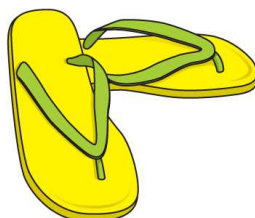
### Running Program (2 groups)

Dates: Jun 29 - Aug 16  
 All Ages: M&W - 6:00 pm  
 11 years and up: T, Th, F, S, S - 10:00am  
 Fee: **FREE**  
 Location: Spa State Park (Little Theater)

### Sandlot Baseball \*New\*

(Co-Sponsored w/ Saratoga Babe Ruth)

Ages: 14 - 16  
 Dates: Jul 13 - Aug 7  
 Days: Mondays and Thursdays  
 Time: 5:30-8:00pm  
 Fee: C \$50, S \$50, N \$70  
 Location: East & West Side Recreation



### Skating for Groms (skateboarding)

Ages: 4 - 8  
 Dates: Jul 6 - Aug 10  
 Days: Mondays  
 Time: 5:00-6:00pm  
 Fee: C \$50, S \$50, N \$70  
 Location: East Side Recreation

### Summer Basketball

Grades: 4-8  
 Dates: Jul 8 - Aug 14  
 Days: Tuesdays and Thursdays  
 Time: 6:00-7:30pm  
 Fee: C \$75, S \$75, N \$95  
 Location: Recreation Center

### Summer Basketball

Grades: 9 - 12  
 Dates: Jul 10 - Aug 14  
 Days: Fridays  
 Time: 6:00-7:30pm  
 Fee: C \$50, S \$50, N \$70  
 Location: Recreation Center

### Track Program

Ages: All  
 Dates: Jul 2 - Aug 6  
 Days: Thursday  
 Time: 6:30-8:00pm  
 Fee: **FREE**  
 Location: East Side Recreation



Register in person at the Saratoga Springs Recreation Center, 15 Vanderbilt Ave

Cash or check only. Registrations mailed to the address above also accepted.

For more information or to download registration forms visit us at

[www.SaratogaRec.com](http://www.SaratogaRec.com)

Questions? Calls us at 587-3550 x2300 or email [recreservations@saratoga-springs.org](mailto:recreservations@saratoga-springs.org)



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# Saratoga Springs Recreation Department

## Summer Program Registration



### PARTICIPANT INFORMATION

Circle one: <b>City Resident</b>		<b>School District Resident</b>		<b>Non School District Resident</b>		
Last Name	First	Male Female	Current Grade	Gr Entering Sept. 2015	Birth Date	Age
Address	City	State	Zip Code		School	
Parent / Guardian Name	First	Email			Primary Phone ( )	

**\*\*\* Early Bird Discount ends after June 21st \*\*\***

### SUMMER CLINICS June 29—August 21

Circle Tee Shirt Size: Youth: S M L Adult: S M L XL

Circle all applicable CODES					Circle all applicable CODES				
Date	Clinic	City Resident \$70	School Resident \$70	Non School Resident \$90	Date	Clinic	City Resident \$70	School Resident \$70	Non School Resident \$90
July 6 - 10	Boys Basketball	6LBMMC	6LBMMS	6LBMMN	Aug 3 - 7	Girls Lacrosse	6LLMFC	6LLMFS	6LLMFN
Aug 10 - 14	Boys Basketball	6LBMMC	6LBMMS	6LBMMN	Aug 3 - 7	Boys Lacrosse	6LLMMC	6LLMMS	6LLMMN
July 13 - 17	Girls Basketball	6LBMFC	6LBMFS	6LBMFN	Aug 3 - 7	Soccer	6L8MCC	6L8MCS	6L8MCN
July 20 - 24	Volleyball	6LVMCC	6LVMCS	6LVMCN	Aug 10 - 14	Soccer	6L8MCC	6L8MCS	6L8MCN
Aug 17 - 21	Softball	6L3MCC	6L3MCS	6L3MCN	July 20 - 24	Cheerleading	6LCMCC	6LCMCS	6LCMCN
Jun 29 - Jul 3	Am. Legion Baseball	6L1MCC	6L1MCS	6L1MCN	Aug 17 - 21	Skate Park	6L5MCC	6L5MCS	6L5MCN
July 13 - 17	Field Hockey	6LFMCC	6LFMCS	6LFMCN	Jul 27- Jul 31	Tennis	6LTMCC	6LTMCS	6LTMCN
					Tennis Only: Circle: 6-7yr old 8-10yr old 10-12yrs old				

### SUMMER PROGRAMS

\*Circle Jersey/Tee Shirt Size:

Youth: S M L Adult: S M L XL

Circle all applicable CODES and FEES

Date	Program	City Resident	School Resident	Non School Resident
July 7 - Aug 13	*Summer Basketball League 4th-8th	6PBMMC \$75	6PBMMC \$75	6PBMMN \$95
July 10 - Aug 14	*Summer Basketball League 9th-12th	6PBMMC \$50	6PBMMC \$50	6PBMMN \$70
July 7- August 18 (also 7/9)	Intro to Ice Skating	6VKWCE \$50	6VKWCE \$70	6VKWCE \$70
July 7- August 18 (also 7/9)	Intro to Ice Skating Adults	6VSACC \$50	6VSACC \$70	6VSACC \$70
June 18 - July 30	Track Program	6LDMCN Free	6LDMCN Free	6LDMCN Free
June 29 - August 16	Running Program - ALL Ages M/W	6LDMCN Free	6LDMCN Free	6LDMCN Free
June 29 - August 16	Running Program 11+yr T/Th/F/S/S	6LDMCN Free	6LDMCN Free	6LDMCN Free
July 6 - August 10	*Skating for Grooms	6L5MCC \$50	6L5MCS \$50	6L5MCN \$70
July 13—Aug 7	*Sandlot Baseball (Co-Sponsored w/ Saratoga Babe Ruth)	6P1MCC \$50	6P1MCS \$50	6P1MCN \$70
July 8—Aug 2	*Flag Football (Co-Sponsored w/ Saratoga Springs Pop Warner)	6PFMCC \$50	6PFMCS \$50	6PFMCN \$70

Volunteering ?	Your Last Name	First	Program/Clinic
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### OFFICE USE ONLY

City Proof (tax bill, s/b/l number, lease agreement, state/fed tax)			School District Proof (tax bill, s/b/l number, lease agreement, state/fed tax)		
Cash Amount:	Check #:	Total Amount:	Date:	Batch #:	Staff Initials:
There will be no reminder phone calls about the clinics/programs, please keep the calendar of dates! Please make checks payable to the Commissioner of Finance.					



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# City of Saratoga Springs' Recreation Department

## Child Recreation Permission Agreement

### CHILD'S INFORMATION

Child's Last Name	First	Male Female	Current Grade	Birth Date
Street Address	City	State	Zip	Age
Email	School Attending		Primary Phone (   )	

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Last Name	First	Parent/Guardian Last Name	First
Street Address (if different)	City	State	Zip
Email (if different)			Cell (   )
			Home (   )

### EMERGENCY MEDICAL AUTHORIZATION FORM

Pertinent Medical Information: Please list any allergies/medical problems, including those requiring maintenance medications. Please attach additional sheets if necessary. IF NONE MARK N/A	
Allergies	

### EMERGENCY CONTACTS (if you need additional contacts please attach)

Last Name	First	Relationship to Child	Phone (   )
Last Name	First	Relationship to Child	Phone (   )

### MEDICAL AGREEMENT

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in recreational activities and that my child's participation in said activities and use of any equipment related to said activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and I hereby accept those risks. In the event of an emergency, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Emergency Department Physician). It is understood that reasonable efforts shall be made to contact the undersigned prior to rendering treatment, but that any treatments will not be withheld if the undersigned cannot be reached. I assume full responsibility for any medical treatment rendered on behalf of my child.	
Parent / Guardian Signature	Date

### RECREATION AGREEMENT

Please consult your child's physician prior to your child's participation in any City of Saratoga Springs Recreation Program. If there are questions as to whether or not your child may be capable of participating in any activity sponsored by the City of Saratoga Springs Recreation Commission, please contact the City's Recreation Department at (518) 587-3550 extension 2300. In that your child has expressed a desire to participate in a City sponsored Recreation Program, it is important for you and your child to understand the goals and rules established for the Program. Each child will have Rules of Conduct explained to him/her prior to the start of any activity. He/she must observe the rules as explained and accept the consequences of behavior modification if needed as outlined in the Recreation Handouts.	
In signing this agreement, I acknowledge that I fully understand there are inherent risks and dangers associated with my child's participation in Recreation sponsored activities. I also understand and acknowledge my child's participation in these activities and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and hereby accept those risks. I understand that my child may be photographed or videoed and his/her name may be used for publicity purposes for the Saratoga Springs Recreation Program. I hereby agree to give permission for my child to participate in City sponsored Recreation Program activities and acknowledge no physical or emotional issue which would prohibit him/her from participation. I agree to indemnify and save harmless the City of Saratoga Springs from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of my child's participation in Recreation Commission sponsored events provided that any such claim, damage, loss or expense is not directly attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the negligent act or omission of the City, its agents or employees.	
Parent / Guardian Signature	Date

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# City of Saratoga Springs' Recreation Department

## Adult Recreation Permission Agreement

### PARTICIPANT INFORMATION

Last Name	First	Male Female	Birth Date	Cell (    )
Street Address	City	State	Zip	Home (    )
Email	School District			

### EMERGENCY CONTACTS (if you need additional contacts please attach)

Last Name	First	Relationship to Participant	Phone (    )
Last Name	First	Relationship to Participant	Phone (    )

### EMERGENCY MEDICAL AUTHORIZATION FORM

Pertinent Medical Information: Please list any allergies/medical problems, including those requiring maintenance medications. Please attach additional sheets if necessary.
<b>Allergies</b>

### MEDICAL AGREEMENT

I fully understand and acknowledge that there are inherent risks and dangers in my participation in recreational activities and that my participation in said activities and use of any equipment related to said activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and I hereby accept those risks. In the event of an emergency, I hereby authorize to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Emergency Department Physician). It is understood that reasonable efforts shall be made to contact the undersigned prior to rendering treatment, but that any treatments will not be withheld if the undersigned cannot be reached. I assume full responsibility for any medical treatment rendered.

Signature

Date

### RECREATION AGREEMENT

Please consult your physician prior to your participation in any City of Saratoga Springs Recreation Program. If there are questions as to whether or not your child may be capable of participating in any activity sponsored by the City of Saratoga Springs Recreation Commission, please contact the City's Recreation Department at (518) 587-3550 extension 2300. In that you have expressed a desire to participate in a City sponsored Recreation Program/Facilities, it is important for you to understand the goals and rules established for the Program. Each participant will have Rules of Conduct explained to him/her prior to the start of any activity. He/she must observe the rules as explained and accept the consequences of behavior modification if needed as outlined in the Recreation Handouts.

In signing this agreement, I acknowledge that I fully understand there are inherent risks and dangers associated with my participation in Recreation sponsored activities. I also understand and acknowledge my participation in these activities and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and hereby accept those risks. I understand that I may be photographed or videoed and my name may be used for publicity purposes for the Saratoga Springs Recreation Program.

I hereby agree to participate in City sponsored Recreation Program activities in accordance with the City's rules and regulations and acknowledge no physical or emotional issue which would prohibit me from participation. I agree to indemnify and save harmless the City of Saratoga Springs from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of my participation in Recreation Commission sponsored events provided that any such claim, damage, loss or expense is not directly attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the negligent act or omission of the City, its agents or employees.

Signature

Date

### OFFICE USE ONLY

City Resident (Y / N)	City Proof (tax bill, s/b/l number, lease agreement, state/fed tax)
School District (Y / N)	School District Proof (tax bill, s/b/l number, lease agreement, state/fed tax)