



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

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

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

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

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)

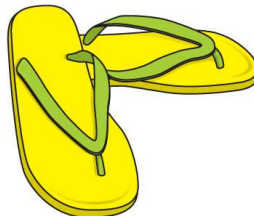
Summer Basketball

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

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



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

Questions? Calls us at 587-3550 x2300 or email recreservations@saratoga-springs.org





Saratoga Springs Recreation Department

Summer Program Registration



Please Print Clearly

PARTICIPANT INFORMATION							
Circle one:		City Resident		School District Resident		Non School District Resident	
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	6LBMCC	6LBMMS	6LBMNN	Aug 3 - 7	Girls Lacrosse	6LLMFC	6LLMFS	6LLMFN
Aug 10 - 14	Boys Basketball	6LBMCC	6LBMMS	6LBMNN	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.					



City of Saratoga Springs' Recreation Department
Child Recreation Permission Agreement

Print Clearly

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	Cell ()
Email (if different)				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



**City of Saratoga Springs' Recreation Department
Adult Recreation Permission Agreement**

Print Clearly

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.
Allergies

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)