



# Saratoga Springs Recreation Department

## 2015 Fall Programs



**Early Bird Registration Period:** Aug 10 - Oct 4  
**Early Bird Registration Fee:** C \$50 S \$50 N \$70  
**After Early Bird Registration Fee:** C \$75 S \$75 N \$95  
 (See Zumba section for Zumba and Zumba Kids fees)



### Field Hockey

**Ages:** 8-14  
**Date:** Sept 17-Oct 22  
**Time:** Thur 5:30-6:30pm  
**Location:** Recreation Center Field  
 (15 Vanderbilt Ave)

Our Field Hockey program will allow interested participants the opportunity to try out the sport. The instructor will help to develop the basic fundamentals necessary to become a successful Field Hockey player.

*Tee Shirt Included*

**Coordinator:** Christine Taber, HS & College Official



### Volleyball

**Ages:** 8-12  
**Dates:** Sept 16-Oct 21  
**Time:** Wed 6:00-7:30pm  
**Location:** Recreation Center

Our Fall Volleyball program is geared towards interested youths who wish to learn the rules and skills required to be a successful volleyball player.

*Tee Shirt Included*

**Coordinator:** Willie Davis, USA Volleyball Sanctioned Coach



### Indoor Floor Hockey

**Ages:** 6 - 12  
**Dates:** Sept 16-Oct 21  
**Time:** Wed 6:00-7:00pm  
**Location:** Recreation Center

Our Indoor Floor Hockey program will be held at the Rec Center. The Rec Center will provide sticks made for play on a hardwood floor. The program will consist of pick-up style games. Please wear sneakers.

*Tee Shirt Included*

**Coordinator:** Andrew Hadeka, Recreation Leader



### Tiny T-Ball

**Ages:** 3-5  
**Dates:** Sept 16-Oct 21  
**Time:** 3-4 yrs Wed 4:00-4:30pm  
 4-5 yrs Wed 4:30-5:15pm  
**Location:** Recreation Center

Our Tiny T-Ball program will be separated into 3-4 and 4-5 yr old groups. Participants will learn basic hitting, fielding, throwing and base running. Please wear sneakers.

*Tee Shirt Included*

4 yr olds with previous experience should register for the 4-5 yr old group.

**Coordinator:** Wes Clark, Program Coordinator



### Zumba Kids and Zumba Fitness

**Kids Ages:** 7-11



**Zumba Ages:** 16+

**Session 1:** Sept 16-Nov 4

**Session 2:** Nov 11-Dec 30

**Kids Time:** Wed 5:00-5:45pm

**Fit Time:** Wed 6:00-7:00pm

**Location:** Recreation Center

**Session Fees:** C \$44, S \$60, N \$76

**Drop In:** C \$ 6, S \$ 8, N \$10

**\*No Drop in fee for Zumba Kids-Min 8**

Zumba<sup>®</sup> Kids classes feature kid-friendly routines based upon original Zumba<sup>®</sup> choreography. We break down the steps, add games, activities and cultural exploration elements into the class.

Zumba<sup>®</sup> Fitness classes are often called exercise in disguise. We take the "work" out of workout by mixing low and high intensity moves for an interval-style, calorie-burning dance fitness party.

**\*Try Zumba for free Wed Sept 9 at 5:00 and 6:00 pm**



**Saratoga Springs Recreation Department**  
 15 Vanderbilt Ave Saratoga Springs, NY 12866  
 518-587-3550 ext 2300 [recreservations@saratoga-springs.org](mailto:recreservations@saratoga-springs.org)  
**Download forms at: [www.SaratogaRec.com](http://www.SaratogaRec.com)**





# City of Saratoga Springs Recreation Department

## 2015 Fall Program Registration

### Early Bird Registration Period Aug 10-Oct 4

Please Print Clearly

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

Have you completed the 2015 Annual Permission agreement? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, Card Color: \_\_\_\_\_ Card #: \_\_\_\_\_

FALL PROGRAMS Circle all applicable CODES							
Tee Shirt Size- Youth: S M L Adult: S M L XL XXL (no shirts for Zumba)							
Date	Program	Before Early Bird Registration Fee			After Early Bird Registration (After Oct 4th)		
		C \$50	S \$50	N \$70	C \$75	S \$75	N \$95
Sept 17-Oct 22	Intro to Field Hockey	6PFWCC	6PFWCS	6PFWCN	6PFWCC	6PFWCS	6PFWCN
Sept 16-Oct 21	Indoor Floor Hockey	6RHACC	6RHACS	6RHACN	6RHACC	6RHACS	6RHACN
Sept 16-Oct 21	Tiny T-Ball (3-4 yr olds)	6R1SCC	6R1SCS	6R1SCN	6R1SCC	6R1SCS	6R1SCN
Sept 16-Oct 21	Tiny T-Ball (4-5 yr olds)	6R1SCC	6R1SCS	6R1SCN	6R1SCC	6R1SCS	6R1SCN
Sept 16-Oct 21	Volleyball	6RVFCC	6RVFCS	6RVFCN	6RVFCC	6RVFCS	6RVFCN
Sept 16-Nov 4	Zumba Kids	\$44 6RZACC	\$60 6RZACS	\$76 6RZACN			
Nov 11-Dec 30	Zumba Kids	\$44 6RZACC	\$60 6RZACS	\$76 6RZACN			
Sept 16-Nov 4	Zumba Adults	\$44 6RZACC	\$60 6RZACS	\$76 6RZACN			
Nov 11-Dec 30	Zumba Adults	\$44 6RZACC	\$60 6RZACS	\$76 6RZACN			

OFFICE USE ONLY					
City/School District Proof (tax bill, s/b/l number, water/sewer bill, lease agreement)					
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