



# SPORTS CLASSES

## ALL SORTS OF SPORTS

**AGES 3-5 Years**

**Bay Terrace Y NEW!!!  
212-00 23rd Avenue**

Children learn the fundamentals of basketball, baseball, soccer and more. While using child sized equipment, the instructors create games to make the environment active as well as fun.

**Mondays 3:30-4:15 pm NEW!**

Class dates: (9 sessions)

October 15,22,29

November 5, 19,26

December 3, 10, 17

\$160 non-mem,\$ 135 Y member

(Children who are registered in our early childhood program)

## INDOOR PLAYGROUND

**AGES 5 and under( SFY Location)**

A safe and fun environment for nursery school aged children to play and interact with other children using various gym equipment and activities.

( Adult participation **REQUIRED**)

**Wednesdays 10:45-11:45 am**

Class dates: (12 sessions)

October 3,10, 17,24, 31

November 7, 14,, 21, 28

December 5, 12, 19

\$8.00 for each child/adult + \$2.00 each additional child/adult.

Classes are ongoing.

**NO pre-registration required.**

## NURSERY GYMNASTICS

**AGES 3-5 Years (SFY Location)**

While using age appropriate equipment children will enhance coordination, strength and balance skills through hanging, jumping, and rolling in our obstacle courses, all while having a good time.

**Wednesdays 3:30-4:15 pm**

Class dates: (10 sessions)

October 10,17,24,31

November 7, 14, 21, 28

December 5, 12

\$175 non-mem

\$150 Y mem

(Children who are registered in our early childhood program)

To register go to [www.sfy.org](http://www.sfy.org)

For more information contact Dane Warren at 718-225-6750 Ext. 229/Dwarren@sfy.org



**Samuel Field Y**  
58-20 Little Neck Parkway, Little Neck New York 11362  
718-225-6750 [www.sfy.org](http://www.sfy.org)





# SAMUEL FIELD Y REGISTRATION FORM



**Status:** (circle one)      MEMBER (After School or Nursery)      NON-MEMBER

To receive information, on special promotions please provide us with your email: \_\_\_\_\_ @ \_\_\_\_\_

To register by mail please return this Registration Form along with your check or money order made payable to:

**SAMUEL FIELD Y, 59-20 Little Neck Parkway, NY 11362.**

Questions? Call us at 718-225-6750 or visit our website at [www.sfy.org](http://www.sfy.org) or on Facebook at [www.facebook.com/samuelfieldy](http://www.facebook.com/samuelfieldy)

Print all information clearly in INK.

To Register online: [www.sfy.org/GymClassRegistration](http://www.sfy.org/GymClassRegistration)

Last Name \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell/Work Phone # \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In case of emergency, please notify \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Name of Class	Participant's First Name	Gender	Age	Date of Birth	Class Day	Class Time	Dept.	Fee

I would like to charge my registration to my credit card (circle one):

VISA    MASTERCARD    DISCOVER    AMEX

Name on card \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**SUBTOTAL \$** \_\_\_\_\_

I would like to make the following tax deductible gift in the amount of \$ \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

Please indicate your child's classroom to facilitate pickup

**REGISTRATION & MISSED CLASSES-** For dates and times of classes, please contact the Director of the Department.

Participant's who miss classes will not be reimbursed and there are no make-ups available.

Please note: SFY has the right to exclude from activities those who fail to abide by the rules of the establishment. All classes and programs are subject to minimum enrollment. SFY reserves the right to cancel any class or program due to insufficient registration. Your registration is accepted on the assumption that the class or program for which you have registered has not yet reached its maximum enrollment. Register early to avoid being closed out of class or programs of your choice. For some health and fitness programs, a doctor's note or verification of age may be required.

Applicant (s) hereby gives permission to the Samuel Field Y for use of all digital media for the purpose of publication/or display on behalf of the Samuel Field Y.

I understand that physical activities can be demanding and I take full responsibility for my participation in the same. I have carefully read and do understand the above and agree to abide by all information stated with regard to cancellations and refunds.

Because we are concerned with your child's safety: SFY cannot accept responsibility except when he/she is under special supervision of an appropriate Y employee. Special supervision is available only at program locations during program hours. Parents will be responsible for notifying appropriate staff of a child's absence, late arrival, early or late pickup and special circumstances related to arrivals or departures. I have read and agree to the special considerations above.

In case of emergency, I hereby authorize the Samuel Field Y to consult a doctor or hospital who (and whom ever they may designate as their assistants) is hereby authorized to perform any emergency operation, to give treatment and the administration of an anesthetic to my child/participant.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_