



SPORTIME CAPITAL REGION
2025 SPORTIME Eager Explorers Day Care Application

Eager Explorers Day Care 2025-2026 Session

PARTICIPANT INFORMATION Please complete all fields and print clearly.

Form fields for participant information including First Name, Last Name, Date of Birth, Gender, Street Address, Address 2 (APT #), City, State, and Zip.

PARENT/GUARDIAN INFORMATION

Form fields for parent/guardian information including First Name, Last Name, Date of Birth, Gender, Email Address, Mobile Phone, Home Phone, Business Phone, and contact preferences.

Table with 5 columns: Item Description, 3 Days Weekly Fee, 4 Days Weekly Fee, 5 Days Weekly Fee, Total Weekly Fee. Rows include Preschool Explorers and Pre-Kinder Adventurers.

PAYMENT TERMS AND AUTHORIZATION

I authorize SPORTIME to charge the credit card/debit card I have provided below for the weekly tuition fee, set forth above, and understand that I am enrolling for the full 2025-2026 session.

CREDIT CARD/DEBIT CARD

Form fields for credit card information including MC, VISA, AMEX, DISCOVER, Card Number, Card Expiration, CVV, and Zip Code.

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LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE

1. I agree that there are certain inherent dangers in participating in SPORTIME programs, services and other activities, and in using related equipment and machinery. In consideration of my child/ren being allowed to participate in the programs, services and activities of SPORTIME and to use its facilities, equipment and machinery, in addition to the payment of any fee or charge, to the fullest extent permitted by law, I do hereby waive, release and forever discharge SPORTIME and its partners, members, officers, agents, employees, representatives, executors and any others acting on their behalves, from any and all responsibility or liability arising from injuries or damage resulting from, or in any way arising out of or connected with my children's participation in any activities, programs and services of the SPORTIME or from my child/ren's use of its facilities, equipment and machinery.
2. I understand and agree that sports and fitness activities, including the use of related equipment and machinery, are potentially hazardous activities, which can potentially result in serious injury and even death. I agree that I am voluntarily allowing my child/ren to participate in these activities and to SPORTIME's equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death to my child/ren. In the case of an accident or injury to my child/ren, and if an emergency contact person cannot be reached, I grant SPORTIME permission to obtain medical attention, if necessary, for which I will be financially responsible.
3. I do hereby further declare my child/ren to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent my child/ren's participation in SPORTIME programs, services and activities and/or my child/ren's use of related equipment and machinery. I do hereby acknowledge that I have been informed of the need for a physician to approve my child/ren's participation in such programs, services and activities, and my child/ren's use of related equipment and machinery. I also acknowledge that SPORTIME has recommended that my child/ren have an annual or more frequent physical examination and consultation with a physician so that I might have such physician's recommendations concerning my child/ren's participation in such programs, services and activities, and use of such machinery and equipment. I acknowledge that my child/ren have either had a physical examination and been given my physician's permission to participate in SPORTIME programs, services and activities, and to use related equipment and machinery, or that I have decided to allow my child/ren to do so, without the approval of a physician, and do hereby assume all responsibility for my child/ren's participation in such activities and use of such equipment and machinery.

OTHER TERMS

I agree that I am the parent or legal guardian of the named participant, and that we will abide by all rules and regulations which now exist or which may be hereafter adopted or amended by SPORTIME, including, but not limited to, those set forth in the Eager Explorer's Parent Handbook. I understand that SPORTIME reserves the right to cancel this contract at any time, in its sole discretion, and SPORTIME's sole liability shall be to refund any amounts previously paid on a pro-rata basis. SPORTIME reserves the right to close some or all of its facilities for repair or alteration.

AUTHORIZED SIGNATURE By signing below, I acknowledge that I have read this entire Agreement, the above and reverse side, including, but not limited to, the Payment Terms and Authorization, the Liability Waiver, Assumption of Risk and Release, and the Other Terms, and I agree to be bound by its terms and conditions.

PARENT/GUARDIAN	SIGNATURE	DATE
SPORTIME AUTHORIZED SIGNATURE	TITLE	DATE

Register Today!

Complete both sides of this application and return with payment in full by mail, or email.

SPORTIME Capital Region
 Mail: 2699 Curry Road, Schenectady, NY 12303
 Fax: 518-356-4797 | Register Online: www.SportimeNY.com/CapitalRegion
 Questions? Contact Capital Region Eager Explorers Daycare Director, Brie Lawrence:
 Phone: 518-356-0100 | Email: blawrence@sportimeny.com