



Extra Activity Registration Form

Child's Name _____

Please enroll my child in the following program(s): **Must be enrolled in CHAPS the week lesson(s) takes place.**
Please select all that apply

✓	Week	Activity	Dates	Time	Cost
	2	Tennis Lessons*	Monday-Thursday 6/24-6/27	8:00am-9:00am	\$30.00
	3	Tennis Lessons*	Mon, Tues, Wed, Fri 7/1-7/5	8:00am-9:00am	\$30.00
	4	Yoga*	Monday-Thursday 7/8-7/11	8:00am-9:00am	\$40.00
	5	Yoga*	Monday-Thursday 7/15-7/18	8:00am-9:00am	\$40.00
	4	Gymnastics*	Monday-Thursday 7/8-7/11	3:45pm-4:45pm	\$70.00
	5	Gymnastics*	Monday-Thursday 7/15-7/18	3:45pm-4:45pm	\$70.00
	6	Horseback Riding Lessons*	Monday-Thursday 7/22-7/25	8:00am-9:00am	\$135.00
	7	Horseback Riding Lessons*	Monday-Thursday 7/29-8/1	8:00am-9:00am	\$135.00
	6	CrossFit Kids*	Monday-Thursday 7/22-7/25	3:30pm-4:30pm	\$60.00
	7	CrossFit Kids*	Monday-Thursday 7/29-8/1	3:30pm-4:30pm	\$60.00
	8	Swimming Lessons*	Monday-Friday 8/5-8/9	Various Times	\$50.00
	9	Zumba Kids	Monday-Thursday 8/12-8/15	3:30pm-4:30pm	\$40.00

*Waiver Required- available at www.hudsonchaps.com

Total Amount Due: _____

Payment must be made in full at time of registration to secure your child's spot in any activity.

Please make checks payable to: CHAPS

I understand that signing this form, I am committing my child to the above listed program(s) I have selected and committed myself to pay the fees. I realize that my decisions directly affect other families.

Parent/Guardian Signature _____ Date _____