VILLAGE OF BRIARCLIFF MANOR RECREATION DEPARTMENT
3 Library Road, Briarcliff Manor, NY 10510 Phone: (914) 941-6560 ~ Fax: (914) 944-2748

AZility Premier Speed & Sports Training

"Speed can be taught"!

That's the mantra of this Premier Speed & Sports Training Program. Led by Briarcliff's own Harry Zimmermann, young athletes will learn how to improve their speed and agility, which will benefit them in virtually any sport that they participate in! Harry is a University of Arizona Track & Field Alumni, a 4 year letter winner and an All PAC 12 sprinter in the 4x100, who is passionate about sharing his knowledge & experience with interested athletes!

GRADES:	**2nd & 3rd Graders**	**4th, 5th and 6th Graders**
DAYS:	MONDAYS & WEDNESDAYS	TUESDAYS & THURSDAYS
SESSION 1 DATES:	**Sept. 26, 28, 30 Oct. 5, 10, 14, 17, 19** *[No training on 10/3, 10/12 – 9/30 & 10/14 instead]*	**Sept. 27, 29 Oct. 6, 7, 11, 13, 18, 20** *[No training on 10/4 – 10/7 instead]*
SESSION 2 DATES:	**Oct. 24, 26 Nov. 2, 4, 7, 9, 14, 16** *[No training on 10/31 – 11/4 instead]*	**Oct. 25, 27 Nov. 1, 3, 10, 11, 15, 17** *[No training on 11/8 – 11/11 instead]*
TIMES & LOCATION:	3:30 – 4:30 pm at the Briarcliff Youth Center – **Rain or Shine!**	
NOTES:	Classes will meet 2x per week – Fridays will be used as a make-up day for classes that are not held due to holidays. There will be no training on October 3, 4, 12 & 31 or November 8.	
FEE:	$200 per session = eight (8) 1-hour classes – Residents (VBMR) $210 per session = eight (8) 1-hour classes – School District (BMSD) & Non-Residents (NONR)	
REGISTRATION:	Begins Monday, September 12th at 8:30 am online or at the Recreation Office, 3 Library Road	

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AZility Speed & Sports Training – Fall 2016

FEE: $200 per session – Residents (VBMR) - $210 per session - Non-residents (BMSD & NONR)

CHILD'S NAME: _____ GRADE: _____ PHONE: _____

ADDRESS: _____ E-MAIL: _____

Emergency Contact Name: _____ Relationship to Child: _____

Emergency Contact Phone Numbers: (Home) _____ (Cell) _____

Check: Desired Session(s):

Grades 2 & 3 ____ **Session 1 - Act. #1220: Sec. 1** ____ **Session 2 - Act. #1220: Sec. 2**

Grades 4 - 6 ____ **Session 1 - Act. #1225: Sec. 1** ____ **Session 2 - Act. #1225: Sec. 2**

The undersigned hereby recognizes that there are inherent risks involved with participation in this program and agrees to release and hold harmless the Village of Briarcliff Manor, AZility, their employees and volunteers, of any liability whatsoever in connection with any damages and/or injuries that the above named person may sustain as a result of participation.

E-Mail Address: _____ _____
(For receipt/Dept. purposes only) Signature of Parent or Guardian

METHOD OF PAYMENT: ☐ CASH ☐ CHECK # _____ ☐ MasterCard / VISA **

Checks payable to: ***Village of Briarcliff Manor*** *($20 fee for returned checks).* ***** Credit Card information below is shredded after processing, will incur a 2.5% fee***

DATE: _____ AMOUNT:_____ RECEIPT#:_____

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Credit Card #: _____ Exp. Date: _____ Cardholder Signature: _____