

**KIDSPLEX/TEENPLEX  
REGISTRATION FORM 2004-05**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Birth date \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED BEFORE BEGINNING ANY PROGRAM**

**Mother/Guardian**

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Pager/Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

**Father/Guardian**

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Pager/Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

**Emergency Contact (other than parent or guardian):**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contact (other than parent or guardian):**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Please list all persons who have permission to pick up your child:**

Name \_\_\_\_\_ Phone # after 6pm \_\_\_\_\_

Name \_\_\_\_\_ Phone # after 6pm \_\_\_\_\_

Name \_\_\_\_\_ Phone # after 6pm \_\_\_\_\_

Is there a family situation or custody concern of which our staff should be aware? Please attach explanation.

YES

NO

It is very important that we know if your child has allergies, fears, or is receiving special services for any condition. What conditions should we know about? If needed, please attach a separate sheet of paper.

\_\_\_\_\_  
\_\_\_\_\_

**OVER**

# AFTER SCHOOL

## KidsPlex/TeenPlex Registration Form 2004-05

### Yearly Registration Fee:

Non-refundable

\$15.00 with SportsPlex Family Membership

\$25.00 Non-Member

### Rates\*:

**KIDSPLEX**(K-5<sup>th</sup> grade) **TEENPLEX** (6<sup>th</sup>-8<sup>th</sup> grade Orange Charter **only**)

Part-time: \$15/day

Full-time: \$12/day or \$60/week; monthly rate varies (based on # of days in month)

\_\_\_ Full-time registration

\_\_\_ Part-time registration (3-day/week minimum)

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday

**TEENPLEX** (6<sup>th</sup>-8<sup>th</sup> grade Orange County Public Schools)

2-day/week minimum: \$10/day or \$50/week

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday

\*10% discount with SportsPlex Family Membership

- ❖ Monthly statements are available at the front desk at the beginning of each month.
- ❖ All payments are due by the 5<sup>th</sup> of the month.
- ❖ A late fee of \$20.00 will be added to your statement for each payment received after the 5th.

We follow the Orange County Public Schools and Orange Charter School yearly schedules with accommodations for Durham Public Schools and other independent schools.

**Waiver:** In consideration of the above named registrant being permission by the Triangle SportsPlex to participate in this program and associated activities, I hereby release the Triangle SportsPlex and its officers, employees, agents and volunteers from any and all liability relating to or arising out of the above-named person's participation. I authorize the Triangle SportsPlex and its officers, employees, agents and volunteers at any such person's discretion, to administer emergency first aid treatment at my expense, to obtain the services of a physician and/or rescue squad and authorize the same to affect such treatment of the above-named person as the same deem advisable. The Triangle SportsPlex reserves the right to dismiss any child from the program if their behavior is disruptive to the other participants.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**OVER**