

# Triangle SportsPlex

## CLASS REGISTRATION FORM

Please fill out the form below for Triangle SportsPlex classes, events and workshops that require advance registration. This form is not for camp registration.

Please complete one form per participant, per class.

**Pre-register prior to the first day of class to avoid a \$20 late fee.**

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First Name	Last Name	Date
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Address	City	State	Zip Code
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Participant/Parent/Guardian Home Phone #	Work #	Pager/Cell #
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Email Address	Birth date	Age	Gender
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Allergies/Medications/Medical Conditions	Emergency Contact Name and Phone #
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<b>CLASS TITLE</b>	<b>CLASS DATE</b>	<b>CLASS TIME</b>	<b>CLASS FEE</b>
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Circle METHOD OF PAYMENT:    CASH                      CHECK – Driver License # \_\_\_\_\_                      VISA                      MASTERCARD

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Credit Card #	Expiration Date	Cardholder Name (Print)	Cardholder Signature
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Waiver in consideration of the above named registrant being granted 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 to or arising out of the above named participant. I authorize the Triangle SportsPlex and its officers, employees, agents and volunteers to administer emergency first aid treatment and, at my expense, obtain the service of a physician and/or rescue squad and to authorize the same to effect such treatment of the above person as the same deem advisable.

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<b>Participant/Parent/Guardian Name</b>	<b>Participant/Parent/Guardian Signature</b>
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