

KIDSPLEX MASTER REGISTRATION FORM



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Mail: KidsPlex, c/o Orange County SportsPlex , 101 Meadowlands Drive, Hillsborough, NC 27278

Welcome to our KidsPlex Programs!

This is the **Master Registration Form** for all KidsPlex Programs. You need fill it out only one time each year.
When there are changes in this information, please let us know in writing (email OK).

Child's Name: _____ DOB: ___/___/___ Gender: **M F**
Age: _____ School: _____ Grade: _____

Account Information: *Parent/Guardian-1 is the person in whose name we will set up the account.*

Do you have a current SportsPlex Family Membership or a Parent/Dependent Child Membership? YES NO

Parent/Guardian-1

Name: _____

Street Address: _____

City/Zip: _____

Work Phone: _____

Home Phone: _____

Pager/Cell: _____

Email Address: _____

check if OK to pick up child

Parent/Guardian-2

Name: _____

Street Address: _____

City/Zip: _____

Work Phone: _____

Home Phone: _____

Pager/Cell: _____

Email Address: _____

check if OK to pick up child

Emergency Contact Information: Please provide **reliable** contact information for at least 2 adults **other** than the above parent/guardian(s).

1. Name: _____ Phone: _____ check if OK to pick up child

2. Name: _____ Phone: _____ check if OK to pick up child

3. Name: _____ Phone: _____ check if OK to pick up child

Pick Up/Visitation Permission: Please provide the names and phone numbers for other adults you are authorizing to pick up and/or visit your child.

1. Name: _____ Phone: _____ Pick Up Visit

2. Name: _____ Phone: _____ Pick Up Visit

3. Name: _____ Phone: _____ Pick Up Visit

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Child's Name: _____ Grade: _____

School: _____

Activity Information:

Do you want your child to wear a life jacket? **YES NO**

Is your child new to ice skating? **YES NO**

Photo Authorization:

I give permission to the Orange County SportsPlex to use photos of my child for marketing purposes on the Orange County SportsPlex website, brochures, flyers and other marketing materials. **YES NO**

Family and Medical Information:

Is there a family situation and/or custody concern about which we need to be aware? **NO YES**

If **YES**, please explain:

Does your child have any special needs or conditions. Does your child receive services including, but not limited to, visits to SportsPlex by therapists or case managers, restrictions, allergies, asthma, etc.: **NO YES**

If **YES**, please explain:

Will this child need to have medicine administered during the day? **NO YES**

If **YES**, please fill out and attach a *Medication Authorization* form. We cannot administer medicine without this form. Self-medication, including over the counter medicines, is not permitted.

Waiver: In consideration of the above named registrant being granted permission by Recreation Factory Partners, LLC dba: Orange County SportsPlex to participate in this program and associated activities, I hereby accept and assume all risks said and release and hold harmless Recreation Factory Partners, LLC dba: Orange County 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 Recreation Factory Partners, LLC dba: Orange County 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 to authorize the same to affect such treatment of the above named person as the same deem advisable. Recreation Factory Partners, LLC dba: Orange County SportsPlex reserves the right to dismiss any child from the program if their behavior is disruptive to the other participants or the child is uncooperative.

Parent/Guardian Signature: Your signature signifies your understanding of and agreement with the information above.

Parent/Guardian Signature Date: ____/____/____

For KidsPlex use only:

Start Date:

ASP: FT PT Days: M T W Th F