

# KIDSPLEX ONE DAY CAMP 2009-2010 REGISTRATION FORM

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



## Welcome and Thank You for Registering Your Child in Our One Day Camps!

Please fill out this form completely, back and front, for each child you wish to register, including any child for whom we have previous registrations on record for other KidsPlex Programs.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: **M F**

Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Account Information:** Parent/Guardian-1 is the person responsible for payment.  
Parent/Guardian-2 is the primary emergency contact.

### Parent/Guardian-1

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Pager/Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_  
STATE NUMBER

check if OK to pick up child

### Parent/Guardian-2

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Pager/Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
STATE NUMBER

check if OK to pick up child

**Emergency Contact Information:** Please provide **very reliable** contact information for at least 2 adults **other** than the above parent/guardian(s). If this information changes, please let us know in writing (email OK) **ASAP!**

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

2. 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. If this information changes, please let us know in writing, (email OK) **ASAP!**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Pick Up Visit

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Pick Up Visit

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Pick Up Visit

### 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 attach an explanation.)

Does this child have any special needs, services (including visits by therapists and/or case managers), restrictions, allergies, asthma, etc.: **NO YES\*** (\*If **YES**, please describe below. Attach extra sheets if necessary.)

Will this child need to have medicine administered during the camp day? **NO YES\***  
(\*If **YES**, please fill out and attach a *Medication Authorization* form. We **will not** administer medicine without this form.  
**Self-medication, including any over the counter medicines, is not permitted.**)

Do you want child to wear a life jacket? **YES NO** Is this child brand new to ice skating? **YES NO**

May we use photographs of/or including this child for public display purposes? (advertising, photo-share with other KidsPlex families, etc.) **YES NO**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\$50 Annual Administration Fee (If new child to KidsPlex programs or fee has expired, fee is due with this form)

\$25 Early Dismissal or 1/2 Day camp

\$45/ full camp day (7:30 am—6pm) OR \$180/ 5 full camp days, your choice of dates (savings of \$45!)

10% discount for each sibling after the 1st in the same family, if all siblings attending same camp date

15% discount for all children in the same family with a Triangle SportsPlex Family Membership or a Single Parent/Dependent(s) Membership

[ ] Please check if you have a Triangle SportsPlex Family or Single Parent w/Dependent(s) Membership.

Spaces are limited. To guarantee your registration, payment must be received as follows: full payment for each date selected, including annual KidsPlex Administration Fee, at time of registration; OR full payment, including the annual KidsPlex Administration Fee, due no later than 2 weeks prior for each camp date selected.

**AUGUST**

\_\_\_ 20th (HES only)  
\_\_\_ 21st (HES only)

**SEPTEMBER**

No Labor Day camp  
\_\_\_ 21st (Monday)  
\_\_\_ 22nd  
\_\_\_ 23rd  
\_\_\_ 24th  
\_\_\_ 25th  
\_\_\_ 28th (Monday)  
\_\_\_ 29th  
\_\_\_ 30th

**OCTOBER**

\_\_\_ 1st  
\_\_\_ 2nd  
\_\_\_ 5th (Monday)  
\_\_\_ 6th  
\_\_\_ 7th  
\_\_\_ 8th  
\_\_\_ 9th  
\_\_\_ 26th (Org Charter only)  
\_\_\_ 30th

**NOVEMBER**

\_\_\_ 11th Veteran's Day (W)

**DECEMBER (limited spaces)**

\_\_\_ 21st (Monday)  
\_\_\_ 22nd  
\_\_\_ 23rd

\_\_\_ 28th (Monday)  
\_\_\_ 29th  
\_\_\_ 30th

**JANUARY**

\_\_\_ 4th (Monday)  
\_\_\_ 5th  
\_\_\_ 6th  
\_\_\_ 7th  
\_\_\_ 8th  
\_\_\_ 18th MLK Day (Monday)  
\_\_\_ 19th (Org. Charter)  
\_\_\_ 25th (Monday)  
\_\_\_ 26th

**FEBRUARY**

\_\_\_ 15th President's Day (Monday)

**MARCH**

\_\_\_ 15th (Monday)  
\_\_\_ 16th  
\_\_\_ 17th  
\_\_\_ 18th  
\_\_\_ 19th  
\_\_\_ 22nd (Monday)  
\_\_\_ 23rd  
\_\_\_ 24th  
\_\_\_ 25th  
\_\_\_ 26th

\_\_\_ 29th (Monday)  
\_\_\_ 30th  
\_\_\_ 31st

**APRIL**

\_\_\_ 1st  
\_\_\_ 2nd Good Friday  
\_\_\_ 5th Easter Monday

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If your child is enrolled in the KidsPlex After School program, upon request, the following can be added to each month's After School invoice.

**EARLY DISMISSAL**

\_\_\_ Aug 19th (HES only)  
\_\_\_ Sept 23rd  
\_\_\_ Oct 14th  
\_\_\_ Dec 2nd  
\_\_\_ Feb 10th  
\_\_\_ Mar 3rd  
\_\_\_ Apr 21st

**ORANGE CHARTER 1/2 DAY**

\_\_\_ Sept 16th  
\_\_\_ Oct 21st  
\_\_\_ Nov 18th  
\_\_\_ Dec 18th  
\_\_\_ Feb 17th  
\_\_\_ Mar 17th  
\_\_\_ Apr 21st  
\_\_\_ May 12th  
\_\_\_ Jun 4th

**Waiver:** In consideration of the above named registrant being granted permission by Recreation Factory Partners, LLC dba: Triangle 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: 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 Recreation Factory Partners, LLC dba: 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 to authorize the same to affect such treatment of the above named person as the same deem advisable. Recreation Factory Partners, LLC dba: Triangle 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 below signifies your understanding of and agreement with all the information above.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature