



2010 SUMMER CAMP REGISTRATION FORM

Office: (919) 644-0339 ext. 228 Email: plex4kids@trianglesportsplex.com Fax: (919) 644-2120

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

of
the



Welcome and Thank You for Registering Your Child in Our Summer Camp!

Please read the instructions carefully and 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.

Child's Name: _____ DOB: ____/____/____ Gender: **M** **F**

Age: _____ School: _____ Upcoming Grade: _____

Circle any KidsPlex programs this child has attended since **1/1/2009**: 1-Day Summer After Other
Camps Camp '09 School

Please list the name(s) of any sibling(s) you are also registering for KidsPlex Summer Camp 2010:

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

Parent/Guardian-1

Parent/Guardian-2

Name: _____

Name: _____

Street Address: _____

Street Address: _____

City/**Zip**: _____

City/**Zip**: _____

Work Phone: _____

Work Phone: _____

Home Phone: _____

Home Phone: _____

Pager/Cell: _____

Pager/Cell: _____

Email Address: _____

Email Address: _____

check if OK to pick up child

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).

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 any 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

Family and Medical Information:

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

If **YES**, please explain. _____

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

Will this child need to have medicine administered during the camp day? **YES NO**
(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 this child to wear a life jacket? **YES NO** Is this child brand new to ice skating? **YES NO**

Check if you want to register this child for: KidsPlex Summer Camp skating clinic(+\$30)

***** Please check each week for which you want to register this child. *****

JUNE

JULY

AUGUST

_____ June 14—June 18

_____ July 5—July 9

_____ August 2—August 6

_____ June 21—June 25

_____ July 12—July 16

_____ August 9—August 13

_____ June 28—July 2

_____ July 19—July 23

_____ August 16—August 20

_____ July 26—July 30

IMPORTANT PAYMENT INFORMATION!

For your child to be preregistered (space held) for the weeks you have checked above, payment of the KidsPlex Administration Fee + 1/2 of the total camp fee (# of weeks X weekly rate) is due with this form.

Your child will be registered (space secured) upon receipt of the full balance, which may be paid at any time before Monday, May 31, or by the following payment schedule:

all **June** camp weeks by **Monday, May 31**; all **July** camp weeks by **Monday, June 21**;
and all **August** camp weeks by **Monday, July 19**.

Personal checks **must** include a valid driver's license number. Handwriting this number on the check is fine. For payment by credit card, we will contact you for payment within 24 hours of receipt of this registration form.

Please read our *KidsPlex 2010 Summer Camp Fees and Payment Information* flyer for additional information.

Do you have a SportsPlex Family Membership? **YES NO** Would you like information about membership? **Y N**

Please check payment method: Payment attached. Call for credit/debit card information
(If check, make payable to Triangle SportsPlex and **must** have DL#) (VISA or Master Card only)

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 agreement with the waiver above **and** the information in the *KidsPlex 2010 Summer Camp Fees and Information* flyer.

Date: _____ / _____ / **2010**

Parent/Guardian Signature