

# KIDSPLEX MASTER REGISTRATION FORM

Orange County



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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. Please fill one out completely for each child. If /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.

### 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). If this information changes, please let us know in writing (email OK).

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

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

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

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

→ OVER →

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

School: \_\_\_\_\_

**Family and Medical Information:**

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

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

If YES, please explain:

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Does this child have any special needs or conditions, services (including visits to SportsPlex by therapists or case managers), restrictions, allergies, asthma, etc.: NO YES

If YES, please explain:

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

**REMEMBER TO KEEP YOUR INFORMATION CURRENT**

**For KidsPlex use only:**