



One Dan Kidd Drive · Hillsborough, NC 27278 · 644-0339 x228 · plex4kids@trianglesportsplex.com

Child Information

Preferred 1st Name: _____ Last Name: _____

Date of Birth: _____ Grade: _____ School: _____ Gender: Male Female

List any medical conditions, fears, special situations or any other conditions we should know about:

Allergies: _____

Photographs: May we take and maintain a photo of you and your child for security purposes? Yes No

Parent/Guardian Information

Parent/Guardian #1 First Name: _____ Last Name: _____

Address: _____ City _____ Zip _____

Home Phone: () _____ Office Phone: () _____

Cell Phone: () _____ Employed By: _____

Email: _____ Driver's License #: _____

Preferred PIN number for checking in/out (4 digits, numbers only; last of SS# recommended) _ _ _ _

Permitted to pick up Not permitted to pick up

Parent/Guardian #2 First Name: _____ Last Name: _____

Address: _____ City _____ Zip _____

Home Phone: () _____ Office Phone: () _____

Cell Phone: () _____ Employed By: _____

Email: _____ Driver's License #: _____ State _____

Preferred PIN number for checking in/out (4 digits, numbers only; last 4 of SS# recommended) _ _ _ _

Permitted to pick up Not permitted to pick up

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _ _ _ _

Permitted to pick up Not permitted to pick up

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _ _ _ _

Permitted to pick up Not permitted to pick up

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _ _ _ _

Permitted to pick up Not permitted to pick up



Tuition / Payment Information:

KidsPlex Yearly Administration Fee: \$50
Full time (5 days/week): \$14/day charged by number of school days in each month
Part time (2 day/week minimum): \$17/day
TeenPlex – 6th-8th graders (excluding Orange Charter): \$12/day

Full time

Part time – please indicate days below

Monday Tuesday Wednesday Thursday Friday

TeenPlex – please indicate days below

Monday Tuesday Wednesday Thursday Friday

Triangle SportsPlex Family membership Expiration date of membership: _____

Please designate below who is responsible for payment of tuition and fees. If tuition payment is the responsibility of an adult other than the parents/guardians listed above, please include contact information and valid email address.

Additional Comments & Information:

Is there is any other information that would be helpful to the KidsPlex management and teaching staff?

Monthly statements are emailed at the end each month

- All payments are due by the 5th of each month
- A late fee of \$20 will be added to your account if payment not received by the 5th, and must be paid with the past due tuition
- Accounts not current by the 10th of each month will result in the child(ren) not being allowed to attend the program until full payment is received
- 10% discount for multiple children; 15% discount for TSP Family members

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 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.

Signature:

Parent’s Signature: _____ Date: _____

Thank You!