

## Personal Information

Participant Name \_\_\_\_\_  Male  Female  
 Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Home # \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 Mom Name \_\_\_\_\_  
 Mom Emergency # \_\_\_\_\_  
 Work # \_\_\_\_\_ Email \_\_\_\_\_  
 Dad Name \_\_\_\_\_  
 Dad Emergency # \_\_\_\_\_  
 Work # \_\_\_\_\_ Email \_\_\_\_\_  
 Emergency Name \_\_\_\_\_ Phone \_\_\_\_\_

## Waiver Form

In signing this application, I release The 422 SportsPlex & other involved parties from any claims or responsibility for injuries suffered in the program. I knowingly assume all risks associated with participation, even if arising from negligence of the participants or others, and assume full responsibility for my child's participation. I certify that my child is in good physical condition and can participate in this program. Further, I authorize the site director to request medical treatment as necessary to insure my child's health.

Please print except for signature.

## Health Information

Health Insurance Provider \_\_\_\_\_  
 Policy # \_\_\_\_\_  
 Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Please indicate any medical or special needs that our staff should be aware of.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

School Day- Off Camp	Half Day (9am-2pm) (\$30)	Full Day (9am-5pm) (\$40)
Fri., Nov. 27	<input type="checkbox"/>	<input type="checkbox"/>
Mon., Dec. 21	<input type="checkbox"/>	<input type="checkbox"/>
Tues., Dec. 22	<input type="checkbox"/>	<input type="checkbox"/>
Wed., Dec. 23	<input type="checkbox"/>	<input type="checkbox"/>
Mon., Jan. 18	<input type="checkbox"/>	<input type="checkbox"/>
Mon., Feb. 15	<input type="checkbox"/>	<input type="checkbox"/>

Vacations	(\$120)	(\$145)
Winter Break (Mon.-Fri.) Dec. 28-Jan. 1	<input type="checkbox"/>	<input type="checkbox"/>
Spring Break (Mon.-Fri.) Apr. 5-9	<input type="checkbox"/>	<input type="checkbox"/>

**Soccer-Lil' Kickers**  
 Sat.  Tues.  Wed.  Fri.

Class Type \_\_\_\_\_  
 Dates \_\_\_\_\_  
 Time \_\_\_\_\_ Cost \_\_\_\_\_

**Little Hands & Feet** (8wks, \$96)  
 Wed. Date \_\_\_\_\_  
 Fri. Date \_\_\_\_\_

**Little Skillz** (8wks, \$96)  
 Mon. Date \_\_\_\_\_

**Intermediate Skillz** (8wks, \$96)  
 Mon. Date \_\_\_\_\_

**Little Steps** (8wks, \$96)  
 Sun. Date \_\_\_\_\_

**Hoopstars Basketball League** (8wks, \$96)  
 Sun. Date \_\_\_\_\_  
 Type \_\_\_\_\_ Time \_\_\_\_\_

**Intermediate Steps** (8wks, \$96)  
 Tues. Date \_\_\_\_\_

**Premier Steps** (8wks, \$96)  
 Tues. Date \_\_\_\_\_

Place a check mark in the box of each class/camp that you would like to place your child in. Fill out all information on both sides of this form. Return this registration form, along with full payment per class/camp within which you are enrolling your child. We accept cash, checks, Visa and MasterCard. Make checks payable to The 422 SportsPlex, and mail to 1400 Industrial Highway, Pottstown, PA 19464.

Cash  Check  Credit Card      Circle: MasterCard    Visa  
 cc# \_\_\_\_\_ Exp. Date \_\_\_\_\_ Code \_\_\_\_\_  
 Signature \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_

The 422 SportsPlex has a no refund policy.