

## 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 Rockville 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) (\$45)	Full Day (8am-6pm) (\$65)
Mon., Sept. 28	<input type="checkbox"/>	<input type="checkbox"/>
Fri., Oct. 16	<input type="checkbox"/>	<input type="checkbox"/>
Mon., Nov. 2	<input type="checkbox"/>	<input type="checkbox"/>
Fri., Nov. 27	<input type="checkbox"/>	<input type="checkbox"/>
Thur., Dec. 24	<input type="checkbox"/>	<input type="checkbox"/>
Mon., Jan. 18	<input type="checkbox"/>	<input type="checkbox"/>
Mon., Jan. 25	<input type="checkbox"/>	<input type="checkbox"/>
Mon., Feb. 15	<input type="checkbox"/>	<input type="checkbox"/>
Mon., Apr. 5	<input type="checkbox"/>	<input type="checkbox"/>
Tues., Apr. 6	<input type="checkbox"/>	<input type="checkbox"/>

Vacations	(\$195)	(\$295)
Winter Break (Mon.-Fri.) Dec. 28-Jan. 1	<input type="checkbox"/>	<input type="checkbox"/>
Spring Break (Mon.-Fri.) Mar. 29-Apr. 2	<input type="checkbox"/>	<input type="checkbox"/>

**Soccer-Lil' Kickers**  
 Sat.  Tues.  Wed.  Fri.  
 Class Type \_\_\_\_\_  
 Dates \_\_\_\_\_  
 Time \_\_\_\_\_ Cost \_\_\_\_\_

**Little Hands & Feet** (8wks, \$114)  
 Wed. Date \_\_\_\_\_  
 Sat. Date \_\_\_\_\_

**Youth Kicks** (8wks, \$120)  
 Date \_\_\_\_\_  
 Mon.  Thur.  Fri.

**Goalkeeping Clinics** (8wks, \$200)  
 Date \_\_\_\_\_  
 Thur.  Fri.

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

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

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

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

**Homeschool Sports** (8wks, \$60-80)  
 Date \_\_\_\_\_  
 Mon.  Wed.

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 that within which are enrolling your child. We accept cash, checks, Visa and MasterCard. Make checks payable to Rockville SportsPlex and mail to: 60 Southlawn Court Rockville, MD 20850.

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

Rockville SportsPlex has a no refund policy.