



2009 CIT 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

* This form **MUST** come with the 2009 CIT Summer Camp Application Form!

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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 **1/1/2008**: 1-Day Summer After Parent
Camps Camp '08 School Night Out

Please list the name(s) of any sibling(s) you are also registering for KidsPlex Summer Camp '09:

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

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 **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

OVER

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 attach an explanation.)

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**.)

May we use photographs of/or including this child for public display purposes? (advertising, photo-share with other KidsPlex families, etc.) **YES NO** (We assure you the highest standards will be maintained.)

Minimum of 2 weeks, your choice of weeks, for CIT registration.
Please check the weeks for which you want to register this child.

JUNE

JULY

AUGUST

_____ June 15—June 19

_____ July 6—July 10

_____ August 3—August 7

_____ June 22—June 26

_____ July 13—July 17

_____ August 10—August 14

_____ June 29—July 3

_____ July 20 July 24

_____ August 17—August 21

_____ July 27—July 31

IMPORTANT !

For your child to be preregistered (space held) for the weeks you have checked above, payment of the Yearly Administration Fee + 1/2 of the total camp fee [(# of weeks X weekly rate) / 2] is due with this form. Your child will be registered (space secured) upon receipt of the full balance, on or before **Mon., June 1, 2009**. Personal checks **must** include a valid driver's license number. Handwriting this number on the check is fine. Information about camp fees can be found on the KidsPlex 2009 Summer Camp Information flyer, which is available at the SportsPlex and on the Triangle SportsPlex website, www.trianglesportsplex.com.

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
(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 2009 Summer Camp Fees and Information* sheet. We **will not** accept any registration forms without the parent/guardian signature and date.

Date: _____ / _____ / **2009**

Parent/Guardian Signature