

THE 422 SPORTSPLEX

610.323.9600

Summer 2012 Registration

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 _____

Multi-Sport Camp	Half Day (9am-2pm) (\$30)	Full Day (9am-5pm) (\$40)
Jun. 11-15	<input type="checkbox"/>	<input type="checkbox"/>
Jun. 18-22	<input type="checkbox"/>	<input type="checkbox"/>
Jun. 25-29	<input type="checkbox"/>	<input type="checkbox"/>
Jul. 2-6 (no class 7/4)	<input type="checkbox"/>	<input type="checkbox"/>
Jul. 9-13	<input type="checkbox"/>	<input type="checkbox"/>
Jul. 16-20	<input type="checkbox"/>	<input type="checkbox"/>
Jul. 23-27	<input type="checkbox"/>	<input type="checkbox"/>
Jul. 30-Aug. 3	<input type="checkbox"/>	<input type="checkbox"/>
Aug. 6-10	<input type="checkbox"/>	<input type="checkbox"/>
Aug. 13-17	<input type="checkbox"/>	<input type="checkbox"/>
Aug. 20-24	<input type="checkbox"/>	<input type="checkbox"/>
Aug. 27-31	<input type="checkbox"/>	<input type="checkbox"/>

Morning Soccer Bugs (\$150)
 Jun. 11-15 (9am-12pm)
 Jul. 16-20
 Aug. 6-10
 Aug. 27-31

Afternoon Soccer Bugs (\$150)
 Jul. 9-13 (1pm-4pm)
 Aug. 20-24

OTSA Soccer Camp (\$155)
 Jun. 25-29 Aug. 20-24
 Jul. 23-27

All Girls Soccer Camp (\$165)
 Jul. 9-13 Aug. 6-10

Little Hands & Feet Camp (\$99)
 Jun. 18-23
 Jul. 23-27
 Aug. 13-17

FSBA Basketball Camp (\$155)
 Jul. 30-Aug. 3
 Aug. 13-17
 Aug. 27-31

Hoopstars Basketball Camp (\$99)
 Jun. 25-29
 Jul. 9-13
 Jul. 30-Aug. 3
 Aug. 20-24

Mad Skillz Field Hockey Camp (\$125)
 Aug. 16-10

Soccer Bugs Summer Classes
 Sat.

Class _____
 Dates _____
 Time _____ Cost _____

SST Summer Classes

Sat.
 Class _____
 Dates _____
 Time _____ Cost _____

All classes can be prorated.

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. The 422 SportsPlex has a no refund policy.

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