

The 422 SportsPlex - 610.323.9600 Summer 2010 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 _____

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Multi-Sport Camp	Half Day (9am-2pm) (\$120)	Full Day (9am-5pm) (\$145)
Jun. 7-11	<input type="checkbox"/>	<input type="checkbox"/>
Jun. 14-18	<input type="checkbox"/>	<input type="checkbox"/>
Jun. 21-25	<input type="checkbox"/>	<input type="checkbox"/>
Jun. 28-Jul. 2	<input type="checkbox"/>	<input type="checkbox"/>
Jul. 5-9	<input type="checkbox"/>	<input type="checkbox"/>
Jul. 12-16	<input type="checkbox"/>	<input type="checkbox"/>
Jul. 19-23	<input type="checkbox"/>	<input type="checkbox"/>
Jul. 26-30	<input type="checkbox"/>	<input type="checkbox"/>
Aug. 2-6	<input type="checkbox"/>	<input type="checkbox"/>
Aug. 9-13	<input type="checkbox"/>	<input type="checkbox"/>
Aug. 16-20	<input type="checkbox"/>	<input type="checkbox"/>
Aug. 23-27	<input type="checkbox"/>	<input type="checkbox"/>

Morning Little Kicks Soccer (\$150)
 Jun. 21-25 (9am-12pm)
 Jul. 12-16
 Jul. 19-23

Afternoon Little Kicks Soccer (\$150)
 Jun. 14-18 (1pm-4pm)
 Jul. 5-9
 Aug. 9-13

OTSA Soccer Camp (\$155)
 Jul. 5-9
 Aug. 2-6

Mad Skillz Field Hockey Camp (\$125)
 Aug. 16-20

Little Hands & Feet Camp (\$99)
 Jun. 7-11
 Jun. 28-Jul. 2
 Jul. 26-30
 Aug. 16-20

FSBA Basketball Camp (\$155)
 Jul. 12-16
 Aug. 16-20

Hoopstars Basketball Camp (\$99)
 Jun. 14-18
 Jul. 5-9
 Aug. 2-6

Hitting Zone Baseball Camp (\$155)
 Jun. 28-Jul. 2
 Jul. 19-23
 Aug. 9-13

Team Blue Hockey Camp (\$125)
 Jun. 21-25
 Jul. 26-30

Soccer-Little Kicks Summer Classes
 Sat.

Class Type _____
 Dates _____
 Time _____ Cost _____

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 Hwy. 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.