

Plex Afterschool

2011/12 Registration Form

Student (New or Returning) School Attending _____

• Child's Name: First _____ Middle _____ Last _____

• Male Female

• Grade _____ Birth date ____ / ____ / ____ Age _____

Parent/Guardian

• First _____ Last _____ Ms. Mrs. Mr. Other

• Email _____ Cell Phone _____

• Street Address _____

• Town/City _____ State _____ Zip Code _____ Home Phone _____

• Place of Employment _____ Work Phone _____

• Student Lives with _____

• Person Responsible for Billing _____

Parent/Guardian #2

• First _____ Last _____ Ms. Mrs. Mr. Other

• Email _____ Cell Phone _____

• Street Address _____

• Town/City _____ State _____ Zip Code _____ Home Phone _____

• Place of Employment _____ Work Phone _____

Emergency Contact Information *other than parent/guardian*

Emergency Contact #1

• First Name _____ Last Name _____ Phone _____

• Relationship to Student _____

Emergency Contact #2

• First Name _____ Last Name _____ Phone _____

• Relationship to Student _____

Pick up authorization

Only the following person, include parents if applicable, are authorized to pick up my child(ren). They will be asked to provide identification. If anyone else will be picking up my children, I will send a note, signed by me, to the Plex. Please Read policy on late fees for picking up students after closing in the parent manual.

Name	Relation	Phone Number	2nd Phone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Health Information

Health/Accident Insurance Company: _____

Insurance Company Address: _____ City: _____ State: _____ Zip: _____

Policy Number: _____ Policy Holder's Name: _____

Health History: Check all conditions applicable and attach any extra information that we need to know.

- Asthma Chronic Constipation Fainting Heart Disorder Kidney Disorders
 Tuberculosis Athlete's Foot Chronic Cough Frequent Ear Infections Head Lice
 Mononucleosis Blood Transfusion Convulsions Frequent Strep Throat Hepatitis
 Past Surgery Wheezing Chicken Pox Diabetes German Measles
 HIV Virus
 Other Please Explain: _____

Allergic Reactions: Insects Stings Drugs Plants Food

Other Please Explain: _____

Any activity or dietary restrictions: _____

PLEASE READ CAREFULLY

1. I understand that no refund or adjustments are granted for illness, vacation or when the Plex is cancelled due to inclement weather. Program payment is not transferable from one participant to another, nor one program to another.
2. I understand that Plex does not administer over the counter medication. In the event of an emergency in which I cannot be contacted, Emergency Medical Staff and the Plex may take appropriate action to best serve the interest of my child.
3. This application is made with the express understanding that Plex is not responsible for any sickness or injury that the applicant may receive while in attendance at the Plex Afterschool Sports Academy.
4. Effective discipline permits a child to learn appropriate behavior from the consequences which result from inappropriate action. We try to set limits, help children understand the rules, and give clear definitions of acceptable and unacceptable behavior. The Plex reserves the right to dismiss any child who becomes disruptive and or unresponsive to our methods of discipline during the program.
5. I also give my permission for photographs taken of my children during summer camp programs and activities to be used Plex promotional material without thought of remuneration.

Signature: _____ Date: _____



Plex Indoor Sports

Sandhills: 741 Fashion Drive, Columbia, SC 29229 | (803) 360-7300

Irmo: 1019 Broad Stone Road, Irmo, SC 29063 | (803) 732-1900