



# PLEX GENERAL REGISTRATION FORM

League/Program    Team Name (if applicable)    Session Dates    Age Level    Fees  
PASS Program    School Attending:    Week:

Total Amount Due \_\_\_\_\_

*Please Print*

Participant/Team Rep/or Coach:

Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Cell: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*If under 18:

Father's Name: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Allergies, Illness or other  
 Conditions: \_\_\_\_\_

How did you hear about us? Newspaper \_\_\_ Magazine \_\_\_ Yellow Pages \_\_\_ Television \_\_\_ Radio \_\_\_  
 Friends \_\_\_ Website \_\_\_ Other \_\_\_\_\_

1) REGISTRATIONS MUST INCLUDE PAYMENT AND A SIGNED PLEX INDOOR SPORTS WAIVER.

2) Refund Policy: **\*\*A refund will be issued only if Plex cancels a session/event.**

3) Plex reserves the right to postpone, cancel or combine events/classes/camps as necessary.  
 Leagues/Classes/events/camps may be cancelled due to low enrollment.

4) I understand photographs or pictures of my/my child's participation in this or any program may be used by Plex Indoor Sports, LLC to promote Plex Indoor Sports' events and facilities, without compensation and without additional notification or approval.

Participant/Team Rep/Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

CASH      AMOUNT \$ ( \_\_\_\_\_ )

CHECK      # ( \_\_\_\_\_ )

CREDIT      CARD #: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_  
 (MM/YY)