



DULLES SportsPlex



www.dullessportsplex.com • 21610 Atlantic Blvd • Sterling, VA 20166 • 703.430.9966

Home-School Sports Program Registration

8-week sessions!

(see website for start dates)

Mondays: _____ Wednesdays: _____ Fridays: _____

NOTICE: If at the time of registration, you know which days you will NOT be able to participate, we will PRORATE the cost. Thanks.

The Program

The Dulles SportsPlex's Homeschool Sports Program is a lot of FUN! This program is created to develop children's and teenager's mental and physical abilities, to get some exercise, and to help them learn individual skills, teamwork, and most importantly to have fun! Sports include soccer, basketball, volleyball, kickball, etc. Sessions run for 8 weeks and occur one day per week for one hour. Enrolling your child(ren) can occur at any time.

The classes will be organized and supervised by SportsPlex staff. Each class will meet once a week for 60 minutes and will include about 10-15 minutes of instruction per sport. Children reasonably close in age may be combined (e.g. 7-11 year olds), if necessary, to form a class of at least 10 children.

Days & Times	Costs	#Children = Subtotal
Please circle the class you would like to enroll your child in.	3-5 year olds: \$60/session/child	x _____ = \$ _____
Mondays: 11am-12pm, 1-2pm, 2-3pm, 3-4pm	6-18 year olds: \$80/session/child for 1 child	x _____ = \$ _____
Wednesdays: 11am-12pm, 1-2pm, 2-3pm, 3-4pm	\$70/session/child for 2 children	x _____ = \$ _____
Fridays: 11am-12pm, 1-2pm, 2-3pm, 3-4pm	\$60/session/child for 3+ children	x _____ = \$ _____
Session Start Date: _____ (see above)		Total \$ _____

Player Information

Child Name _____ Age _____ M F Child Name _____ Age _____ M F
 Child Name _____ Age _____ M F Child Name _____ Age _____ M F
 Mom's Name _____ Dad's Name _____
 Address _____ Home Phone _____
 City _____ State _____ Zip _____ Cell Phone _____
 Email _____ Work Phone _____
 Other Contact Name _____ Phone _____

In signing this application, I release Dulles SportsPlex & other involved parties from any claims or responsibility for injuries suffered in the camp, league, or instruction. I knowingly assume all risks associated with my child's 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 instruction. Further, I authorize the site director to request medical treatment as necessary to insure my child's well being.

If under the age of 18, a parent or guardian's signature is required. Please print except for signature.

Athlete Name _____ Signature _____ Date _____
 Parent Name _____ Signature _____ Date _____
 Health Insurance Provider _____ Policy # _____
 Doctor's Name _____ Phone Number _____

Please indicate any medical or special needs that our staff should be aware of. _____

For Office Use Only Cash Check (Check # _____) Charge (circle) MasterCard Visa

Credit Card # _____ Exp _____ Code _____ Amount _____ Initials _____