

# Dulles SportsPlex 703.430.9966 Summer 2010 Registration

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## 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 Dulles 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 \_\_\_\_\_

<b>Multi-Sport Camp</b>	Half Day (9am-2pm) (\$195)	Full Day (8am-6pm) (\$310)
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"/>
Aug. 30-Sept. 3	<input type="checkbox"/>	<input type="checkbox"/>

### OTSA Soccer Camp (\$195)

Jun. 21-25  
 Jul. 5-9  
 Jul. 26-30  
 Aug. 23-27

### Hoopstars Basketball Camp (\$150)

Jun. 21-25  
 Jul. 12-16  
 Aug. 9-13

### Morning Little Kicks Soccer Camp (\$150)

Jun. 7-11 (9am-12pm)  
 Jun. 28-Jul. 2  
 Jul. 26-30  
 Aug. 16-20

### Little Hands & Feet Camp (\$170)

Jun. 14-18  Aug. 2-6  
 Jul. 5-9  Aug. 23-27  
 Jul. 19-23

### Afternoon Little Kicks Soccer Camp (\$150)

Jun. 21-25 (1pm-4pm)  
 Jul. 5-9  
 Aug. 9-13

### FSBA Basketball Camp (\$195)

Jun. 28-Jul. 2  Aug. 16-20  
 Jul. 19-23  Aug. 30-Sept. 3  
 Aug. 2-6

### Soccer-Little Kicks Summer Classes

Sat.  
 Age \_\_\_\_\_  
 Dates \_\_\_\_\_  
 Time \_\_\_\_\_ Cost \_\_\_\_\_

### All Girls Soccer Camp (\$205)

Jul. 12-16  
 Aug. 9-13

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 Dulles SportsPlex and mail to: 21610 Atlantic Blvd. Sterling, VA 20166.

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

Dulles SportsPlex has a no refund policy.