

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 _____

School Day- Off Camp	Half Day (9am-2pm) (\$45)	Full Day (8am-6pm) (\$65)
Mon., Oct. 12	<input type="checkbox"/>	<input type="checkbox"/>
Mon., Nov. 2	<input type="checkbox"/>	<input type="checkbox"/>
Tues., Nov. 3	<input type="checkbox"/>	<input type="checkbox"/>
Wed., Nov. 25	<input type="checkbox"/>	<input type="checkbox"/>
Fri., Nov. 27	<input type="checkbox"/>	<input type="checkbox"/>
Mon., Jan. 18	<input type="checkbox"/>	<input type="checkbox"/>
Mon., Feb. 15	<input type="checkbox"/>	<input type="checkbox"/>
Fri., Apr. 16	<input type="checkbox"/>	<input type="checkbox"/>

Vacations (\$195) (\$295)
 Winter Break (Mon.-Fri.)
 Dec. 28-Jan. 1
 Spring Break (Mon.-Fri.)
 Mar. 29-Apr. 2

Soccer-Lil' Kickers
 Sat. Tues. Wed. Fri.
 Class Type _____
 Dates _____
 Time _____ Cost _____

Little Hands & Feet (8wks, \$114)
 Date _____
 Wed. Thurs. Sat.

Youth Kicks (8wks, \$120)
 Date _____
 Mon. Tues.

Goalkeeping Clinics (8wks, \$200)
 Wed. Date _____

Little Steps (8wks, \$96)
 Mon. Date _____
 Sat. Date _____

Hoopstars B-ball League (10wks, \$125)
 Sat. Date _____
 Type _____ Time _____

Intermediate Steps (8wks, \$96)
 Tues. Date _____
 Fri. Date _____

Premier Steps (8wks, \$96)
 Tues. Date _____
 Fri. Date _____

Homeschool Sports (8wks, \$60-80)
 Mon. Date _____
 Wed. Date _____

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.