



644 Danbury Road
Wilton, CT 06897
www.theplayplace.net

2025/2026 WINTER Sports & Play After School Club Registration Form

Child's First Name _____ Last Name _____

Age _____ D.O.B _____ O Male O Female Grade _____

School _____ Parents Name _____

Address _____ City Wilton State CT Zip 06897

Cell Phone _____ Alt Phone _____ - _____ - _____

Email Address _____

Emergency Contact #1 _____ Phone # _____

Does your child have any allergies O Yes No If Yes Please List

WINTER AFTER SCHOOL PROGRAM

8 Week Session Starts Thursday January 29th to March 26th : \$200 (Siblings 10% Discount)

Thursday "Lets Just Play"

NO CLASSES: 2/19

Week Day	Sport	Class Time 3 rd & 4 th Grade	Class K-2 nd Grade	Class Time 4 th -5 th & 6 th -7 th Grade	Add On 1hr Play Club Until 5:30pm \$100/8wks	BUS
THURSDAY	Let's Just Play	2:30-4:30pm	4-6pm		3 rd & 4 th Only	

Cost \$ _____ Deposit \$ _____ Balance \$ _____ Date _____

Payment Method O Cash O Check CC # _____ / _____ / _____ / _____ Exp ____ / ____ CV _____

Waiver

I accept full responsibility for my Childs' use of any apparatus, appliance, facility, privilege or service owned or operated by THE PLAY PLACE or while participating in any contest, game, function, exercise, or other activity organized or sponsored by THE PLAY PLACE. This waiver covers activities inside or outside the building. I agree that my child(ren) participate(s) at his/her/their own risk. I shall hold THE PLAY PLACE, its shareholders, directors, officers, employees, representatives, owners and agents, harmless for any loss claim, injury, damage or liability sustained or incurred by my child's act or omission of an officer, employee, representative, owner or agent of THE PLAY PLACE or its affiliated companies. These hold harmless agreements cover any such loss, cost, claim, injury, damage, or liability sustained or incurred by the use of THE PLAY PLACE.

Parents Signature: _____ Date: _____ Print Name: _____