



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

2024 Sports Academy Registration Form

Child's First Name _____ Last Name _____
 Age _____ D.O.B ____/____/____ O Male O Female Grade _____
 School _____ Parents Name _____
 Address _____ City _____ State _____ Zip _____
 Cell Phone _____ - _____ - _____ Alt Phone _____ - _____ - _____
 Email Address _____ @ _____
 Emergency Contact #1 _____ Phone # _____
 Does your child have any allergies O Yes O No If Yes Please List _____

Choose Your Sport 2024

8 Week Session Starts 8/26 : \$300 / Siblings 10% Discount

Wednesday "Lets Just Play": \$200

NO CLASSES: 9/2, 10/2, 10/3, 10/11, 10/14, 10/15

Week Day	Sport	K/1 st – 4:10pm	2 nd – 5:10pm	3 rd – 3pm	Play Club - \$80 K/1 st – 5:10pm-6:10pm 2 nd – 4:10-5:10pm 3 rd – 4-5pm	BUS
MONDAY	Football					
TUESDAY	Soccer					
WEDNESDAY	Let's Just Play (\$200)	4-6pm	4-6pm	2:30-4:30pm		
THURSDAY	Baseball & Softball					
FRIDAY	Lacrosse					
		SATURDAY	SUNDAY			
K-1st	8am-9am	Football	Soccer			
2nd - 3rd	8am-9am	Soccer	Football			

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: _____

Rules and Regulations

- No CLEATS!!- NO EXCEPTIONS!
- No sliding in scrimmages and team games (Soccer)
- Registration Forms: - No Individual is allowed to play until necessary information and signatures are properly completed.
- Players must always wear sneakers or flat footwear on the turf field.
- Players are required to provide and wear proper equipment such as shin guards, long socks, helmets, gloves, and pads (Lacrosse, Field Hockey and Tee-Ball).
- All players are required to follow the rules and regulations set by the Sports director and coaches alike. Any negative/unwarranted behavior may result in the participant being removed from the session.

For Violations of rules, regulations, and the Playplace Sports Academy code of ethics, these steps will be followed:

Step 1- Verbal Warning: Coach will discuss undesirable conduct with player and parents and stress that this behavior will not be tolerated. Coach will document this conversation and forward it to the Sports Program Director.

Step 2- Class Suspension: If the unwanted behavior continues, the program participant will be suspended from participating for a total of 1 class. The coach will document and inform the Sports Program Director of this issue. The issue will be discussed with the participants' parents/guardian.

Step 3- 2-week Class Suspension: Coach will suspend the program participant a total of 2 weeks during the 8-week session period. Depending on the sport, the participant could miss a minimum of 2 classes. The coach will document and inform the Sports Director of this issue. The Parents/Guardian of the participant will be warned that the next violation will result in program removal.

Step 4- Program Removal: if the behavior does not change, the participant will be removed from the program and future sessions. The Parents/Guardians of the individual would have to make an informal request for the child to be brought back to the program for future sports sessions. Requests can be made to the Sports Program Director or the Owner of the Playplace.

Inclement Weather Policy

Should the Playplace be forced to cancel a session due to inclement weather or unforeseen circumstances, an email will be sent out to the participants parents/guardians detailing the reasoning for cancellation. A makeup date for the session will also be included in the email.

Emergency Contact and Medical Information

Child's Name		Date of Birth	M F Sex
Parent's/Guardian's Name		Parent's/Guardian's Name	
1 st Emergency Number	Home/Work Phone	Home /Cell Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Alternative Emergency Contacts AND People Authorized to Pick Up in my Absence

Primary Emergency Contact		Secondary Emergency Contact	
Home /Cell Phone	Work Phone	Home /Cell Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics/First Aider for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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Sports Academy 2024/2025 Health Record

Physical Exams & Immunization Records Are Valid For 1 Year From Date of Last Examination
Please submit a copy of a Current Immunization Record (Dated within 12 months)- Please Initial Below

Name: _____ Date of Birth: _____

____ My child is up-to-date on all the routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

____ May participate in all sports activities.

Medical information pertinent to routine care and emergencies: _____

Is the child taking prescription or over the counter medication(s)? YES NO If yes, indicate names of medication(s):

Does the child have allergies? YES/ NO Explain: _____

Is the child on a special diet? YES/ NO Explain: _____

Does the child have special needs? YES/ NO Explain: _____

Parent's/Guardian's Signature

Date

2024 Sports Academy Pick- Up Authorization Form

The following people are authorized to pick-up my child(ren) from The Playplace in addition to listed people above. I understand my child will be allowed to leave with these additional individuals. Photo identification will be asked for. Any regularly authorized person for pick-up must be listed on the emergency contact form.

The authorized person must report to the front desk upon pick- up time and present a photo ID

Parent/Guardian Signature _____ Date _____

Authorized Person's Name

Relationship

Phone Number

Dates:
