



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

2024 Winter 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 Yes No If Yes Please List _____

Choose Your 2024 Winter Sport

6 Week Session Starts 10/29 : \$225 / Siblings 10% Discount Wednesday

"Lets Just Play" 5 week session: \$125

NO CLASSES: 11/5, 11/21, 11/22, 11/25, 11/26, 11/27, 11/28, 11/29, 12/11

Week Day	Sport	K/1 st – 4:10pm	2 nd – 5:10pm	3 rd – 3pm	Play Club - \$75 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 (\$125)	4-6pm	4-6pm	2:30-4:30pm		
THURSDAY	Baseball & Softball					
FRIDAY	Lacrosse					

Cost \$ _____ Deposit \$ _____ Balance \$ _____ Date ____/____/____

Payment Method Cash 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

M F

Child's Name

Date of Birth

Sex

Parent's/Guardian's Name

Parent's/Guardian's Name

1st 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

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:
