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# Registration Form

## Participant Information

Participant (s)		Program/Activity*	Session	DOB	Age	Shirt Size*	Fee
Last Name,	First Name	*Payment must be received in order to register.				*If provided by program/activity.	

Address	City	State	Zip	Home Phone	Work Phone	Mobile Phone
	E-mail					

In consideration of the above named registrant(s) being granted permission to enroll and participate in this program and associated activities, I hereby release and hold harmless SPORTSPLEX LLC, its employees, agents, operators, instructors, and volunteers from any and all claims, demands, costs, charges, and expenses from any harm, death, injury, damage, suit, or loss which may be sustained by the above named person(s) as a result of, or relating to, participation in this program/activity and any other Sportsplex program, league, pick-up activity, or other program activity. I authorize Sportsplex staff to request medical treatment as necessary to insure myself and/or my child's well-being, and I also authorize Sportsplex to reserve the right to photograph and/or videotape for promotional purposes any activities, events, and/or programs that myself and/or child may participate in. I understand that I and/or my child would not be permitted to participate in the above noted activity unless I sign this agreement.

Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(if participant is under the age of 18)

## Payment Information (Office Use Only)

Program Description	Membership			Exp. Date	Total
	Amt.	Yes	No		
		Yes	No	N/A	
		Yes	No	N/A	
		Yes	No	N/A	
		Yes	No	N/A	

Method of Payment:  Cash  Check No: \_\_\_\_\_  
 Credit Card No: \_\_\_\_\_ Card Exp: \_\_\_\_ / \_\_\_\_

**How Did You Hear About Us?**

Sportsplex would like to know how you heard about us!

Word of Mouth  
 I-81 Sign  
 Website / Myspace  
 Program Guide / Flyer  
 Walk-In  Other \_\_\_\_\_

Subtotal	
Total Paid	
Total Due	
Paid: YES NO	Initials:
Date	