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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	Emergency Phone
	Email					

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. 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 #: _____
 Credit Card #: _____ Card Exp: ____/____

Program Help Information Please contact me with the above program/activity information regarding the following checked responses: <ul style="list-style-type: none"> <input type="checkbox"/> Coach <input type="checkbox"/> Referee <input type="checkbox"/> Instructor <input type="checkbox"/> League Volunteer 	Subtotal	
	Less Credit	
	Total Due	
	Paid: YES NO	Initials:
	Date	