

AFTER SCHOOL PROGRAM- REGISTRATION FORM

my child	from	I am granting All Stars Sportspiex and its staff permission to pick to the first school after school I grant them permission to transport my child from school to the first school to the		
Stars Sportsplex, located at 100 children picked up from my child		monte Springs, FL 32714. I understand there may be addition hools in the area.		
A SEPARATE FORM FOR EACH CH PLEASE INCLUDE AREA CODES	HILD IN YOUR FAMILY	MUST BE PROVIDED		
Child's Name	M/F	Date of BirthGrade by Sept 2023		
Address	City:	Home Phone		
Mother	Cell:	Work:		
Father	Cell:	Work:		
Child Lives with:MOT	HERFA	THERBOTHOTHER		
Physician		Phone		
Health Insurance		I.D.#		
Allergies* (include all)	_	Epi Pen: Yes: No		
Physical Disabilities/Restrictions*				
Medications:				
*ATTACH ADDITIONAL SHEET provide the aide for this progra		note: A child who requires a one-to-one aide for school mu		
Please provide your email addremail addresses.	ess so we may keep y	you informed about this and other programs. We do not sha		
PLEASE PRINT NEATLY! EMAIL	. ME AT:			
		nporary care of your child if you cannot be reached and who a eached. They also have your permission, to pick-up your chi		
Name:	Address:	Phone:		
Name:	Address:	Phone:		



(Photo ID may be required if staff is unfamiliar with person(s) listed above.)

PLEASE CHOOSE AND CHECK OFF FROM THE FOLLOWING (there is a 1-time registration fee of \$38):
AFTER SCHOOL PROGRAM ALL STARS SPORTSPLEX \$80 Child One (3:30pm – 6:30 pm)
AFTER SCHOOL PROGRAM ALL STARS SPORTSPLEX \$70 Child Two (3:30pm – 6:30 pm)
PLEASE SELECT WHICH SPORT YOUR CHILD CURRENTLY PARTICIPATES IN OR WOULD LIKE TO PARTICIPATE IN:
BASEBALLSOFTBALLSOCCERBASKETBALLFOOTBALLOTHER
Current Team or League:

COACHES/TRAINERS

The coaches and trainers are either previous MLB baseball Players, NCAA College Athletes or High School Coaches. Please do not solicit them to obtain autographs or paraphernalia from them or their colleagues. If there are any questions, comments or concerns about the Coaches/ Trainers please notify the Owner and/or Director of Operations.

REFUND PROCEDURE - Refunds are issued only when a class or activity is cancelled by the All Stars Sportsplex for lack of minimum required participants or the participant is enrolled in the program and has a note from a physician's office stating they are not able to participate in the program due to a medical condition. Medical condition refunds will be pro-rated. No refund will be provided in the event a child is dismissed from the program for episodes of misbehavior.

BEHAVIOR PROCEDURE: All Stars Sportsplex reserves the right to dismiss a child from a program for episodes of misbehavior. If a parent/guardian cannot be contacted, the emergency contact person will be called to immediately pick-up the child.

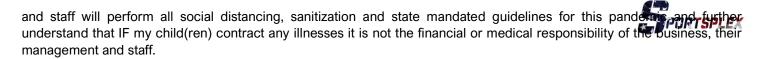
LATE FEE: Parent/Guardians are expected to promptly pick up their child at the end of any session or class, unless prior notice has not been provided. Failure to be on time will result in a \$10 late fee for the first 15 minutes immediately following the end of the session and \$10 for each additional or portion of 15 minutes you or your designated driver is late to pick up.

PLEASE READ AND SIGN THE WAIVER BELOW

Participation in this sport/activity may involve risk of injury. As a parent or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed here, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against All Stars Sportsplex, it's officers, employees, agents, volunteers and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity. In addition, I give my permission for my child to be treated by qualified medical personnel in the event that the parent/guardian named below cannot be reached at the phone numbers provided and for my child to be transported by emergency vehicle to a hospital if needed. All Stars

Sportsplex classes/events may be photographed or videotaped for programs and promotions. Photos may appear on social media, website, posters, magazine ads, school promotional materials, flyers, emails, baseball field advertising, email blast and any other visible marketing materials circulated by All Stars Sportsplex. This is including internal emails, text messages and marketing materials used to promote All Stars Sportsplex.

<u>COVID-19/CORONAVIRUS WAIVER OF LIABILITY</u>: I understand that I must ensure my child(ren) do not visit the facility with a fever or any flu-like symptoms. In the event that I do allow my child(ren) to attend All Stars Sportsplex and I do NOT notify their management or staff of the health status of my child(ren), I hold them harmless of any potential health related illnesses that arise from their attendance as related to Covid-19/Coronaviruses. I understand, All Stars Sportsplex has met all the guidelines as set forth by the CDC, State of Florida and the Dept of Children & Families. I understand the management



OUTSTANDING INVOICES/FAILURE TO PAY: By signing this AFTER SCHOOL/OPEN ACCESS Registration Form, you agree to pay any dues, fees and invoices for any day(s) that your child attends the program. If you elect to withdrawal your child from the program, you must provide 2 weeks notice. If you fail to give 2 weeks notice, you are still required to pay the full 2 weeks tuition. Drop in days are not permitted. If electing an every other week schedule, must indicate that at the time of registration. I understand if I have an unpaid balance to All Stars Sportsplex and do not make satisfactory payment arrangements, my account may be placed with an external collection agency. I will be responsible for reimbursement of the fee of any collection agency, which may be based on a percentage at a maximum of 35% of the debt, and all costs and expenses, including reasonable collection and attorney's fees incurred during collection efforts. In order for All Stars Sportsplex or their designated external collection agency to service my account, and where not prohibited by applicable law, I agree that All Stars Sportsplex and the designated external collection agency are authorized to (i) contact me by telephone at the telephone number(s) I am providing, including wireless telephone numbers, which could result in charges to me, (ii) contact me by sending text messages (message and data rates may apply) or emails, using any email address I provide and (iii) methods of contact may include using pre recorded/artificial voice message and/or use of an automatic dialing device, as applicable. Furthermore, I consent the designated external collection agency to share personal contact and account related information with third party vendors to communicate account related information via telephone, text, email, and mail notification.

mail, and mail notification.		
I understand and indicate by my signature below th understand these and other rules regarding this cancellation, behavior, and late fees.	•	
SIGNATURE (parent/guardian if participant is under	r 18 years of age)	DATE
INHALER RELEASE/PERMISSION - FILL OUT ONLY IF INHALER RELEASE: My child_ backpack while attending the All Stars Sportsplex. I am on site to administer this medication and WILL NOT administering this inhaler to him or herself without assis program director or assistant has been notified and a sta to him or herself. My child is responsible for this inhal activities including field trips. I will label my child's inhale parent at the end of the activity period.	uses an inhat aware that the Recreation P administer this medication stance. My child has my per aff member is present to obseler while participating in the	to my child. My child is capable of rmission to use the inhaler AFTER the erve my child administering the inhaler After School Program and its related
PARENT/GUARDIAN SIGNATURE	DAT	 E
DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY		
ALL PROGRAM FEES PAID CHECK # AMT: REC'D E SIBLINGS IN PROGRAM: YES NO NAMES:	BY DATE	
DOES PAYMENT INCLUDE OTHER FEES FOR ANY OTHER FAMILY MEMBERS		
DOES PAYMENT INCLUDE ANY OTHER PROGRAM (LIST)		