



AFTER SCHOOL PROGRAM- REGISTRATION FORM

By Completing and signing the below registration form, I am granting All Stars Sportsplex and its staff permission to pick up my child _____ from _____ (School) after school is completed and the children are dismissed for the day. I grant them permission to transport my child from school to the All Stars Sportsplex, located at 1007 Sunshine Lane, Altamonte Springs, FL 32714. I understand there may be additional children picked up from my child(s) school and other schools in the area.

A SEPARATE FORM FOR EACH CHILD IN YOUR FAMILY MUST BE PROVIDED
PLEASE INCLUDE AREA CODES

Child's Name _____ M/F _____ Date of Birth _____ Grade by Sept 2022 _____

Address _____ City: _____ Home Phone _____

Mother _____ Cell: _____ Work: _____

Father _____ Cell: _____ Work: _____

Child Lives with: _____ MOTHER _____ FATHER _____ BOTH _____ OTHER

Physician _____ Phone _____

Health Insurance _____ I.D.# _____

Allergies* (include all) _____ Epi Pen: Yes: _____ No _____

Physical Disabilities/Restrictions* _____

Medications: _____

***ATTACH ADDITIONAL SHEET IF NEEDED. Please note: A child who requires a one-to-one aide for school must provide the aide for this program.**

Please provide your email address so we may keep you informed about this and other programs. We do not share email addresses.

PLEASE PRINT NEATLY! EMAIL ME AT: _____

Please list two additional people who will assume temporary care of your child if you cannot be reached and who are aware of this responsibility if you are unable to be reached. They also have your permission, to pick-up your child from the program.

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:

_____ AFTER SCHOOL PROGRAM ALL STARS SPORTSPLEX \$70 Child One (3:30pm – 6:30 pm)

_____ AFTER SCHOOL PROGRAM ALL STARS SPORTSPLEX \$60 Child Two (3:30pm – 6:30 pm)

PLEASE SELECT WHICH SPORT YOUR CHILD CURRENTLY PARTICIPATES IN OR WOULD LIKE TO PARTICIPATE IN:

_____ BASEBALL _____ SOFTBALL _____ SOCCER _____ BASKETBALL _____ FOOTBALL _____ OTHER _____

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 enrolled in the program 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.

COVID-19/CORONAVIRUS WAIVER OF LIABILITY: 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 and staff will perform all social distancing, sanitization and state mandated guidelines for this pandemic and further understand that IF my child(ren) contract any illnesses it is not the financial or medical responsibility of the business, their management and staff.

I understand and indicate by my signature below that I have read and agree to the terms stated on this form and understand these and other rules regarding this program including but not limited to refunds, program cancellation, behavior, and late fees.

SIGNATURE (parent/guardian if participant is under 18 years of age)

DATE

INHALER RELEASE/PERMISSION - FILL OUT ONLY IF APPLICABLE

INHALER RELEASE: My child _____ uses an inhaler and is carrying an inhaler in his/her backpack while attending the All Stars Sportsplex. I am aware that the Recreation Program DOES NOT have medical staff on site to administer this medication and WILL NOT administer this medication to my child. My child is capable of administering this inhaler to him or herself without assistance. My child has my permission to use the inhaler AFTER the program director or assistant has been notified and a staff member is present to observe my child administering the inhaler to him or herself. My child is responsible for this inhaler while participating in the After School Program and its related activities including field trips. I will label my child's inhaler with their name. Child's use will be documented and reported to parent at the end of the activity period.

PARENT/GUARDIAN SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

ALL PROGRAM FEES PAID ____ CHECK # _____ AMT: ____ REC'D BY _____ DATE _____

SIBLINGS IN PROGRAM: YES NO NAMES: _____

SKILL LEVEL IN BASEBALL OR SOFTBALL: _____

DOES PAYMENT INCLUDE OTHER FEES FOR ANY OTHER FAMILY MEMBERS _____

DOES PAYMENT INCLUDE ANY OTHER PROGRAM (LIST) _____