

Camper Name: _____
For Office Use Only

ALL STARS SPORTSPLEX Registration Form



Child

First _____ Middle _____ Last _____ Gender: Male Female
School Name _____ Grade _____ Birth date _____ / _____ / _____ Age (as of Sept 1, 2026) _____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____
Child lives with: Mom Dad Both Other _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem

Required treatment

Should paramedic be called?
Yes / No
Yes / No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes No If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes No If yes, explain: _____

Does your child require a special diet?

Yes No If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Camper Name: _____
For Office Use Only

ALL STARS SPORTSPLEX Registration Form



In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the All Stars Sportsplex or its Sub-Contractors will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

TUITION INFORMATION – FUN Sports Camp \$184 (1 week) one-time registration fee of \$47) – ONE DAY \$60

DATE FOR THE ONE DAY _____

Select Week: Week 1 (Jun 1-5) Week 2 (Jun 8-12) Week 3 (Jun 15-19) Week 4 (Jun 22-26) Week 5 (Jun 29-Jul 3) (Closed July 4th) Week 6 (Jul 6-10) Week 7 (Jul 13-18) Week 8 (Jul 20-24) Week 9 (Jul 27-Jul 31) Week 10 (Aug 3-7)

Please circle how you heard about the All Stars Sportsplex Summer Camp

After School Program Website School_____ Word of Mouth Flyer Other_____

Text Messaging

By signing this form, you agree to receive recurring automated payment reminders, camp updates, child notifications, promotional, and personalized marketing text messages from All Stars Sportsplex. Their staff and online software programs such as Quickbooks/Intuit at the cell number indicated on this form. Consent is not a condition of any purchase. If you wish to stop text messages, please submit an email to Info@SportsplexFL.com.

Parent's/Guardian's Initials _____

Photo Release

I hereby give permission for my child to be photographed during the All Stars Sportsplex Day Camp. I understand the photos will be used to keep a journal of activities, to share on social media and/or reports to community partners and for promotional purposes including flyers, brochures, website and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of All Stars Sportsplex Inc. and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official All Stars Sportsplex Camp activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

The All Stars Sportsplex and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

