

# AFTER SCHOOL PROGRAM REGISTRATION FORM



Child's Name: \_\_\_\_\_ Age: \_\_\_ DOB \_\_\_\_\_ M / F Grade: \_\_\_ School:: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Age: \_\_\_ DOB \_\_\_\_\_ M / F Grade: \_\_\_ School:: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Age: \_\_\_ DOB \_\_\_\_\_ M / F Grade: \_\_\_ School:: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Home Tel \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Home Tel \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Email address: \_\_\_\_\_  
 1st Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_  
 2nd Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Where did you hear about Proehlfic Park: (please circle) Internet TV ad Print ad Radio Drive By Other:

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what are they allergic to? \_\_\_\_\_ Does this allergy require an epi-pen? \_\_\_\_\_

Does your child take any medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what medication? \_\_\_\_\_

*Please note that we are not allowed to administer ANY medication.*

### MEMBERSHIP CONTRACT AND REGISTRATION FEES

\$25 Van Pick Up + \$158 per month + \$50 deposit (goes toward 1st month) and \$50 registration fee

Membership Package Name	Joining Fee	1st Month Pro-Rated	Total Due

Method of Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ (make checks payable to Proehlfic Park) Credit Card \_\_\_\_\_

CC#: \_\_\_\_\_ Exp: \_\_\_\_\_ Type of Card: \_\_\_\_\_

### MONTHLY DRAFT INFORMATION

Credit Card /Debit Card # \_\_\_\_\_ Exp: \_\_\_\_\_

Electronic Check Act # \_\_\_\_\_ Routing # \_\_\_\_\_

### Waiver Of Liability

It is understood that the use of the facilities and or the participation in sports activities at Proehlfic Park may involve the risk of serious injury or death. I expressly agree that all such activities and or the use of the facilities shall be undertaken at my own risk. I represent that I am or my minor child is physically able to undertake all physical activities provided by Proehlfic Park. In consideration of above minor participant being permitted to participate in Proehlfic Park and in activities at the park, the undersigned parent(s) or guardian, on behalf of the parent, parent's heirs, parent's personal representatives or assigns, do hereby forever release, waive, discharge and covenant not to sue Proehlfic Park (including its officers, directors, employees, affiliates, independent contractors, coaches, and volunteers) from liability for any and all claims, demands, injuries, actions, active or passive negligence or other causes or actions whatsoever arising out of or connected with the use of any of the services or facilities provided by Proehlfic Park that the parent/guardian might have arising from injury or loss to said minor, whether due to the negligence of Proehlfic Park or otherwise. Proehlfic Park shall not be liable for any such claims. Participant's parent, participant's legal guardian, or I hereby consent and affirm the foregoing Liability Waiver on behalf of participant, participant's family and all other parties stated. By affirming and consenting to the liability waiver of risk agreement, it is my intention that terms of the document by and through my consent are as effective as if the participant were an adult rather than a minor.

I have read the preceding information and my questions have been answered. I know, understand and appreciate the risks associated with playing sports and physical activity, and I am voluntarily participating in the activities provided at Proehlfic Park. In doing so, I am assuming all of the inherent risks of the sport. I give my permission to have my child's photo taken while participating in activities at Proehlfic Park. I further acknowledge that these photos may be used in advertising and marketing materials and hereby release all such photos to be used for promotion of Proehlfic Park at the will of Proehlfic Park.

Child's Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Proehlfic Park Youth Sports Complex  
 4517 Jessup Grove Road Greensboro, NC 27410  
 336.665.5233 Fax: 336.665.5235  
[www.proehlficpark.com](http://www.proehlficpark.com)