

**VOLO SPORTSPLEX  
AFTER SCHOOL CLUB  
PARTICIPATION INFORMATION FORM**

(Please Print)

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade (2019/2020) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_ Food Allergies \_\_\_\_\_

Physical Limitations \_\_\_\_\_

Additional information you feel necessary for our staff to know about your child \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACTS**

(Parents will be called first in case of emergency)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**AUTHORIZED PERSONS FOR PICK-UP**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**ENROLLMENT INFORMATION**

Full week including early release	Monday Tuesday Wednesday Thursday Friday
Partial week (additional \$12 for early release date)	Monday Tuesday Wednesday Thursday Friday
Club start date ____/____/____ <b>\$50 deposit due at time of registration</b> (Will apply to last week of care)	

**FORM OF PAYMENT**

- ☐ CASH
- ☐ CHECK (MAKE PAYABLE TO: THE VOLO SPORTSPLEX)
- ☐ CREDIT CARD (VISA, MASTERCARD OR DISCOVER)

Cardholder's Name (please print) \_\_\_\_\_

Account number \_\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_ CVC \_\_\_\_\_

Date of payment \_\_\_\_\_ Total payment amount \_\_\_\_\_

Authorized signature \_\_\_\_\_