

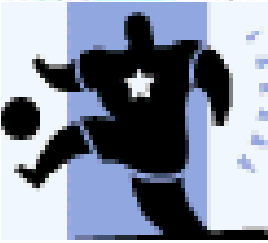


# HOME SCHOOL RECREATION PROGRAM

[www.taylorssportsplex.com](http://www.taylorssportsplex.com)



- Ages 6 - 13 years
- Focus on Physical Fitness & Team Building
- Activities may include
  - Soccer
  - Floor Hockey
  - Flag Football
  - Track & Field
  - Presidential Awards



## FRIDAYS

## 1PM - 3PM

## (734) 374-8900

### Session Dates & Cost

**FALL 1 ~ Sept 11 - Oct 30**

**1st child: 8 classes for \$64**

**All others: 8 classes for \$56**

**FALL 2 ~ Nov 6- Dec 18**

**(No November 27th)**

**1st child: 6 classes for \$48**

**All others: 6 classes for \$42**

**WINTER ~ Jan 8 - March 12**

**1st child: 10 classes for \$80**

**All others: 10 classes for \$70**

**SPRING ~ March 19 - May 28**

**(No April 2nd)**

**1st child: 10 classes for \$80**

**All others: 10 classes for \$70**

### HOME SCHOOL PROGRAM

(PLEASE CHECK A SESSION)

FALL 1  FALL 2  WINTER  SPRING

1ST CHILD NAME \_\_\_\_\_

2ND CHILD NAME \_\_\_\_\_

3RD CHILD NAME \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

### WAIVER FORM

I hereby represent and certify that the age of the registrant listed above is correct and acknowledge and agree that the registrant is physically fit to engage in both structured and unstructured activities at the Taylor Sportsplex.

I acknowledge the inherent risk of serious physical injury or even death associated with soccer activities and I hereby release, discharge, and agree to indemnify and hold harmless the Taylor Sportsplex, its owners, managers, affiliates, and employees from any and all claims by or on behalf of the registrant arising from registrant's participation in the Home School Program at the Taylor Sportsplex.

I hereby represent and certify that registrant has adequate health insurance to cover any and all injuries occurring as a result of participation ice skating, inline skating, soccer, flag football, lacrosse, kick ball and additional activities at the Taylor Sportsplex and as the parent or legal guardian of the participant I hereby consent to any and all emergency medical care for participant and agree to pay for same.

Parent or Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_