

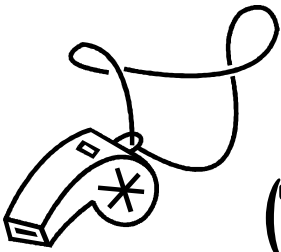


Taylor Sportsplex

Home School Recreation Program

www.taylorsportsplex.com

- Ages 6 - 13 years
- Focus on physical fitness & team building
- Activities include:
 - ~ Soccer
 - ~ Floor Hockey
 - ~ Flag Football
 - ~ Track & Field
 - ~ Baseball
 - ~ Ice Skating
 - ~ Other physical education games



Fridays
1 - 3pm
(734) 374-8900

SESSION DATES & COST

1st Child = \$8 per class
All other children = \$7 per class

FALL: September 9 - December 16
(No November 25th)

1st Child: 14 classes for \$112
All others: 14 classes for \$98

WINTER: January 6 - March 9

1st Child: 10 classes for \$80
All others: 10 classes for \$70

SPRING: March 16 - June 1
(No April 6th)

1st Child: 11 classes for \$88
All others: 11 classes for \$77

HOME SCHOOL RECREATION PROGRAM

(Please circle the session you're signing up for)

FALL **WINTER** **SPRING**

1st Child Name: _____

2nd Child Name: _____

3rd Child Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ ST: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email: _____

WAIVER FORM

I hereby represent and certify that the age of the registrant listed 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 risks of serious physical injury or even death associated with sports activities and I hereby release, discharge, and agree to indemnify and hold harmless the Taylor Sportsplex, Rink Management Services Corporation, its owners, managers, affiliates, and employees from any and all claims by or on behalf of the registrant arising from the registrant's participation in the Home School Program at the Taylor Sportsplex.

I hereby represent and certify that the registrant had adequate health insurance to cover any and all injuries occurring as a result of participation of any sports activity 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