



Taylor Sportsplex Individual Registration

www.taylorsportsplex.com ~ (734) 374-8900

Learn-to-Skate

All TSX Learn-to-Skate Classes are: 7 weeks for \$82
(Register before the **Early Bird Deadline** and receive \$10 off)

SESSION

- (1) September 12 - October 24 ~ **Early Bird Deadline: Sept 9**
- (2) November 7 - December 19 ~ **Early Bird Deadline: Oct 28**
- (3) January 9 - February 20 ~ **Early Bird Deadline: Jan 6**
- (4) March 19 - April 30 ~ **Early Bird Deadline: March 16**

CLASS

- Tot 1 2 3 4
- Basic 1 2 3 4 5 6 7 8
- Delta & Freestyle 1 2 3 4 5 6 7 8 9 10
- Parent/Tot
- Learn-to-Play Hockey
- Freestyle Rotation
- Adult

Indoor Soccer League

All TSX Indoor Soccer individual players fees are:
\$100 per player

SEASON

- Fall
- Winter
- Spring

AGE GROUP

- U8 Coed
- U10 Boys
- U10 Girls
- U12 Boys
- U12 Girls
- U14 Boys
- U14 Girls
- U16 Boys
- U16 Girls
- U18 Boys
- U18 Girls
- Adult Coed Recreational
- Men's Recreational

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 any activities 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.

If Under 18: _____
Parent/Guardian Signature Date

If Over 18: _____
Participant Signature Date



INDIVIDUAL REGISTRATION

Participant's Name: _____

Parent's Name: _____

Email Address: _____

Phone # (H) _____ (C) _____

Address: _____

City: _____ St: _____ Zip: _____

Birth date: _____ Age: _____

For Office Use Only:

Amount
Paid: \$ _____ Date: _____ **Method of Payment:**
 Cash Check Credit